


2015

# Predictors of Community Supervision Failures among Female Offenders

Fayola Wolfe  
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# Walden University

College of Social and Behavioral Sciences

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Fayola Wolfe

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Walden University  
2015

Abstract

Predictors of Community Supervision Failures among Female Offenders

by

Fayola Anuli Wolfe

MA, Bowie State University, 2007

BA, Temple University, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2015

## Abstract

This study explored the predictors of community supervision failures amongst female offenders in the United States criminal justice system. Female offenders have, in comparison with male offenders, particular challenges for community reintegration. This study used the relational theory and Maslow's hierarchy of needs theory to investigate the effects of childhood trauma on adult female offenders' behaviors, including substance use disorder and mental health issues. Secondary archival data were obtained from the Court Services and Offender Supervision Agency's AUTO Screener and Supervision and Management Automated Record Tracking System; this data pool included information on 1,085 female offenders who had served at least one year on probation, supervised released, and/or parole. Hierarchical logistic regression was used to examine childhood trauma, adult substance use, and substance use and mental health treatments received for the study population. Additional demographic variables were also tested as predictors of community supervision failures. Age, marital status, and caregiving for dependent children were identified as significant predictors of community supervision failures. Results indicated that community supervision failures among female offenders are predicted by relational activities. Positive social change is implicated through programmatic changes offered to female offenders. It is recommended that criminal justice agencies equip female offenders with effective strategies that address relational needs such as childcare, parenting, and life skills assistance. Through these changes, female offenders are able to promote healthier lifestyles for themselves, families, and become productive members of their communities.

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## Dedication

I dedicate this work to my mother, the late Ingrid A. Wolfe, whose spirit and presence was felt throughout this journey. The teachings and lessons you instilled in me have never left me. I thank you for watching over me. To my father, Maxford N. Wolfe, who has consistently supported me throughout my life. To my beautiful daughter, Jordan O. J. Wolfe, who has sacrificed time, having her mother's full attention, hot-cooked meals, and so much more so that I may realize my goal. You are my greatest accomplishment yet and I am so proud of who you are and will become. Lastly, to the women living with childhood trauma, mental health issues, and substance use disorder. Your strength and perseverance have encouraged me along the way.

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## Chapter 1: Introduction to the Study

### **Introduction**

Female offenders in the United States are disproportionately drawn from a specific population comprised of women of color between 30 and 35 years of age, of limited educational and vocational background, and having histories of substance use disorder, sexual and physical abuse, and mental health issues (Staton-Tindall, Royse, & Leukfeld, 2007). Although current statistics illustrates the severity of the female offender problem, broad research on this topic is lacking. Many studies only account for female offenders that have been screened during incarceration, while other studies exclude female offenders sentenced to probation without a period of detention (Buell, 2005). This lack of sufficient research in this subject area limits the number of related resources. As a result, it is not possible to fully understand the full extent of mental health, substance use disorder, and childhood trauma as predictors of unsuccessful completion of supervision.

Calhoun, Messina, Cartier, and Torres (2010) illustrated the lack of effective programming for female offenders by using qualitative measures in their examination of the plight of female offenders. Calhoun et al. (2010) found an exigent need for quality mental health treatment in order for these offenders to deal with past physical and sexual abuse. Calhoun et al. (2010) also attributed the offenders' current substance use disorders as ways to cope with traumatic experiences. The participants of this study also reported that the facilities in which female offenders are sentenced are not well-funded, resulting in most instances in unmet and/or overlooked needs (Calhoun et al., 2009). In this study, the impact of childhood trauma, substance use disorder history, and mental health issues on community supervision outcomes of

female offenders were examined. Findings of this study implied the need for effective interventions for female offenders.

Messina and Grella (2006) implicated the need for adequate mental health services for women who had experienced abuse as a child. In this relevant study, the prevalence of childhood trauma among incarcerated women and its relationship to physical and mental health issues were examined (Messina & Grella, 2006). The researchers collected information regarding childhood trauma and health, finding that women who experienced trauma during childhood were 15% more likely than women who had not experienced trauma during childhood to suffer from health-related conditions. Additionally, women who experienced trauma during childhood were 40% more likely than women who had not experienced trauma during childhood to suffer from mental health issues during adulthood. This study presented heightened physical and mental health related issues as an adult due to childhood victimization. Criminal justice professionals should be aware of these possible issues when information of childhood trauma are available, as mental health issues may also be present.

McDougall, Perry, and Farrington (2008) posited that effective interventions for reducing recidivism must be delivered as early as possible and at appropriate levels. Even though there is little research to this effect, substance use disorder programs that tend to fail in preventing recidivism also fail to identify participants who may benefit from the program (McDougall, Perry, & Farrington, 2008). They also focus too much on program expansion as opposed to program quality; therefore, it is of great importance that any necessary substance use disorder treatment is provided as the first step to successful community reintegration (Lynch, Miller, Miller, Heindel, & Wood, 2012; Miller & Miller, 2011; Osher, 2007). Furthermore, Lynch et al. (2012) explained that offender specific treatment plans should be initiated well before offenders'

release into the community. The high prevalence of justice-involved women with childhood trauma makes it necessary to identify quickly and accurately, assess, and provide treatment to this population in order to increase compliance with and successfully complete community supervision.

### **Statement of the Problem**

Male offenders continue to dominate the justice system in the United States; however, the proportion of female offenders is increasing, accounting for 24% of those on probation and 12% of those on supervised release and parole community supervision (Bureau of Justice Statistics, 2010). Although men account for 87.7% of those incarcerated in the criminal justice system, women are increasingly participating in behaviors that cause them to enter the penal system (Bureau of Justice Statistics, 2010). Due to the psychological differences in which men and women develop, it is necessary for criminal justice professionals to examine and adapt to new ways of treating the populations in which they serve. Identification and implementation of interventions specific to pathways of female offender criminality will assist them in becoming law-abiding and productive citizens in their community.

This study explored predictors of community supervision failures among female offenders with childhood trauma, substance use, and mental health issues supervised in the community and the likelihood of their involvement in behaviors that contribute to unsuccessful completion or revocation of probation, supervised release, and parole. Numerous studies have noted high percentages of offenders within the U.S. criminal justice system who had experienced childhood trauma, substance use disorder, and/or mental health issues (Covington, 2008; Grella, Stein, & Greenwell, 2005; Lichtenwalter, Garase, Barker, 2010). However, few extant studies

have specifically addressed women who require behavioral health services on probation, supervised release, and/or parole.

### **Purpose of the Study**

The purpose of this study was to examine factors that often make the successful completion of community supervision difficult for female offenders. Using childhood trauma, prior substance use disorder treatment, and prior mental health treatment on patterns of revocation of community supervision and incarceration of women on community supervision (i.e., probation, supervised release, and parole) as independent variables, I was able to predict community supervision outcomes through a hierarchical logistic regression analysis. Additionally, this study explored other variables that are identified by relevant studies to also have an impact on community supervision failures (e.g., race, age, marital status, education, and primary caregiver status of dependent children). The relational theory and Maslow's hierarchy of needs theory facilitated the understanding of the unique issues of female offenders and how this affects community supervision outcomes. Many studies have associated childhood trauma, substance use disorder, and mental health issues with criminal justice outcomes. However, few have specifically addressed women who require treatment for childhood trauma, substance use disorder, and mental health issues, and the impact of these factors on probation, parole, and supervised release outcomes (Sarteschi, & Vaughn, 2010; Voorhies, Salisbury, Wright, & Bauman, 2007; Weizmann-Henelius et al., 2010; Wilson & Draine, 2006).

### **Nature of the Study**

This study used quantitative methods to identify predictors of unsuccessful supervision completion rates amongst female offenders in the U.S. criminal justice system. David Miller's principles of social justice (1976) relational theory and Maslow's hierarchy of needs theory were

used to ground the study. The study used behavioral health data from the Court Services and Offender Supervision Agency's (CSOSA) AUTO Screener, an instrument used to assess risks, needs, and the appropriate level of supervision, and the Supervision and Management Automated Record Tracking System (SMART). The study also used demographic variables; age, marital status, education, and the primary caregiver status of dependent children. Behavioral health data and other variables allowed me to answer the research questions in order to identify successful and unsuccessful supervision completion outcomes. I used hierarchical logistic regression to explore predictive models of 1,085 female offenders on community supervision. The study findings contribute to the literature on the impact of childhood trauma, mental health issues, and substance use disorder on supervision compliance. I also examined these behavioral health issues in the context of rearrests and supervision cases closed with a status of revoked to incarceration, revoked unsatisfactorily, and monitored confined.

### **Research Questions and Hypotheses**

This study was designed to answer whether female offenders on probation, parole, and supervised release who have experienced childhood trauma, substance use disorder, and/or mental health issues are affected adversely by these behavioral health issues. It also examined this same population and the role of other socio-demographic factors as predictors of unsuccessful completion of community supervision. This was designed in part to address significant evidence showing that using male-centered offender treatment programs for female offenders is ineffective (Blitz, Wolff, & Papp, 2006; van der Knaap, Alberda, Oosterveld, & Born, 2012; Weizmann-Henelius et al., 2010).

Several primary research questions and corresponding hypotheses guided this study:



- *Research question 1 (RQ1):* Is substance use (alcohol, marijuana, cocaine, opiates, and phencyclidine) by female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 1 (NH1):* Substance use by female offenders under community supervision is not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 1 (RH1):* Substance use by female offenders under community supervision is a predictor of unsuccessful supervision completion.
- *Research question 2 (RQ2):* Are delays in identifying female offenders under community supervision in need of substance use disorder services a predictor of unsuccessful supervision completion?
  - *Null hypothesis 2 (NH2):* Delays in identifying female offenders under community supervision in need of substance use disorder services are not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 2 (RH2):* Delays in identifying female offenders under community supervision in need of substance use disorder services are a predictor of unsuccessful supervision completion.
- *Research question 3 (RQ3):* Are mental health issues among female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 3 (NH3):* Mental health issues among female offenders under community supervision are not a predictor of unsuccessful supervision completion.

- *Research hypothesis 3 (RH3):* Mental health issues among female offenders under community supervision are a predictor of unsuccessful supervision completion.
- *Research question 4 (RQ4):* Are delays in identifying female offenders under community supervision in need of mental health services a predictor of unsuccessful supervision completion?
  - *Null hypothesis 4 (NH4):* Delays in identifying female offenders under community supervision in need of mental health services are not a predictor of unsuccessful supervision.
  - *Research hypothesis 4 (RH4):* Delays in identifying female offenders under community supervision in need of mental health services are a predictor of unsuccessful supervision completion.
- *Research question 5 (RQ5):* Is childhood trauma among female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 5 (NH5):* Childhood trauma among female offenders under community supervision is not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 5 (RH5):* Childhood trauma among female offenders under community supervision is a predictor of unsuccessful supervision completion.
- *Research question 6 (RQ6):* Are race, age, marital status, education, prior mental health and substance use disorder treatment histories, and primary caregiver status of dependent children among female offenders under community supervision predictors of unsuccessful supervision completion?

- *Null hypothesis 6 (NH6):* Race, age, marital status, education, prior mental health and substance use disorder treatment histories, and primary caregiver status of dependent children among female offenders under community supervision are not predictors of unsuccessful supervision completion.
- *Research hypothesis 6 (RH6):* Race, age, marital status, education, prior mental health and substance use disorder treatments, and primary caregiver status of dependent children among female offenders under community supervision are predictors of unsuccessful supervision completion.

### **Theoretical Framework**

This study used the relational theory and Maslow's hierarchy of needs theory for its theoretical framework. These theories were selected to facilitate exploring the pathways to crime of female offenders affected by childhood trauma, substance use disorder, and mental health issues. Both of these theories emphasize the importance of empowering individuals to elicit progress and change. These foundational theories draw on the strengths of female offenders, rather than their weaknesses, as a means for motivating female offenders to believing in themselves. Both theories also stress the importance of acquiring self-confidence and high self-esteem through the illumination of their positive qualities; these factors have been noted as assisting women with their survival of traumatic histories dating back for several years (Kerr, 1998). By focusing on strengths, confidence, and self-motivation, female offenders are better equipped to address factors such as relationship issues, substance use disorder, and mental health issues that often serve as a hindrance to the successful completion of community supervision.

The relational theory was developed by Miller (1976) and emphasizes the differences in how women and men develop psychologically. Women tend to place a higher emphasis on

fostering interpersonal relationships by placing the needs of others before their own and adhering to the societal expectations of being a good woman (Gilligan, 2011). As a result, the relational theory has been highly used when studying women, especially those in stigmatizing identities such as the mentally ill and drug abusers (Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009). The relational theory affirms and stresses the importance of relational activities and qualities as positive attributes that lead to healthy development and growth (Covington, 2007). Moreover, the relational theory reframes key tenants of psychological development, theory, and practice. The relational theory advocates for establishing healthy social connections for female offenders within the criminal justice system.

Feminist theorists have criticized Maslow's hierarchy of needs theory for its seeming inability to be generalized to all populations, particularly women (Hanley & Abell, 2002). These theorists argued that Maslow's theory places a higher value on self-actualization than relational needs (Peterat, Fairbanks, Hall, Horner, & Dodds, 1993). Maslow's model of self-actualization is considerably based on individualistic ideals in regard to healthy psychological development, whereas women tend to adopt a relational approach to healthy psychological development. Although Maslow was not entirely dismissive of relationships, this relational emphasis is purposeful, goal-directed, and significantly limited to meeting basic needs, rather than being an essential component of healthy psychological development (Hanley & Abell, 2002).

Maslow's concept of B-love has been characterized as one's unselfish giving to another individual (Hanley & Abell, 2002). This concept was overlooked and overshadowed by the hierarchical categorization of love and belongingness as a deficiency needing to be fulfilled to move toward self-actualization (Hanley & Abell, 2002). In order to apply Maslow's hierarchy of

needs theory to women, Hanley and Abell (2002) suggested modifying Maslow's theory to incorporate interpersonal relationships throughout its entire hierarchy, and to change the view of relatedness to positive psychological development. This inclusion of the interpersonal model to self-actualization has implications for creative expression, parenting, community ties, and family life (Hanley & Abell, 2002). Therefore, the love and belongingness tenants within Maslow's hierarchy of needs theory, an individualistic theory, provides female offenders with an opportunity to meet their needs for healthy psychological growth and development.

Maslow's hierarchy of needs theory has been used by psychologists, educators, and sociologists, to explain the choices that individuals make and their demonstrated behavior (Jones, 2004). Maslow's theory posits that an individual must first meet basic needs in four lower categories in order to begin excelling, or working toward self-actualization, in the fifth category. The fifth category of Maslow's theory corresponds to action taken to change behavior due to obtaining all necessary basic needs (Jones, 2004). According to this theory, female offenders cannot achieve self-actualization until the four lower categories of the hierarchy have been met. The basic needs categories that must be met in order to move onto self-actualization are physical needs, safety needs, social needs, and esteem needs.

Many of these basic needs are synonymous with predictors of community supervision failures. For example, female offenders with unaddressed childhood abuse are typically unable to have their safety needs fulfilled (Hanley & Abell, 2002). Female offenders who are the primary caretakers of dependent children are also often not able to develop fostering relationships with their children due to incarceration, mental health issues, and substance use disorder. Although the most basic needs of Maslow's hierarchy are easily attainable for many, the female offender often finds it difficult or even impossible to move past physical needs that

are the first and most basic needs category. Criminal activity for female offenders is often a means of survival (Calhoun, Bartolomucci, & McLean, 2005). Criminality as a means of survival is often an attempt to meet the first category of needs as described by Maslow (Jones, 2004).

This study predicted that successful completion of community supervision among female offenders is incumbent upon the attention given to variables identified as predictors of community supervision failure. Childhood trauma, substance use disorder, race, age, marital status, education, prior mental health treatment and prior substance use disorder treatment, and primary caregiver status of dependent children were identified as factors associated with community supervision failure. Through this frame of thought, the research questions primarily examined childhood trauma, substance use disorder, and mental health issues as predictors to community supervision failures.

### **Significance of the Study and Implications for Social Change**

Although the percentage of female offenders in the U.S. criminal justice system is increasing, there is a literature gap on this topic within criminology (Chesney-Lind, 2006; Covington, Burke, Keaton, & Norcott, 2008). In 2009, female offenders were more likely to be on probation or parole supervision than their male counterparts, accounting for 85% and 66%, respectively (Bureau of Justice Statistics, 2011). The higher instance of female offenders being placed on community supervision is related to the types of offenses committed by female offenders, which are typically less violent and more economically driven than those of male offenders are. In most settings, substance use disorder and mental health issues were prominent factors of community supervision failures among all offenders; however, employment, economic and educational factors show even greater prominence among female probationers not sentenced

to a period of incarceration (Voorhis, Salisbury, Wright, & Bauman, 2007). The presence of significant predictors of supervision failures among female offenders is a cause for social concern as a disproportionate, and a limited amount of resources are allotted to offenders with non-violent offenses leaving them more susceptible to repeating criminal behaviors.

Women who have been victimized during childhood often carry these experiences into adulthood leading to behavioral health issues and/or criminal activity. Women with childhood trauma were more susceptible to substance use disorder issues and behavioral problems during adolescence, which in turn contributed to high levels of psychological distress and criminal behaviors as adults, respectively (Grella, Stein, & Greenwell, 2005). Similarly, Min, Farkas, Minnes, and Singer (2007) reported that in 285 women with childhood trauma, the instance of psychological distress and substance use disorder was significantly increased during adulthood. Ringoot et al. (2013) argued that behavioral and emotional problems may present themselves as early as preschool age and that these behaviors can negatively affect both the young children and their families. Additionally, these behaviors tend to persist and can precede adult behavioral health issues (Ringoot et al., 2013).

Diagnosis and treatment for a mental health disorder prior to arrest or incarceration are more prevalent in women (Sarteschi & Vaughn, 2010). This prevalence of behavioral health issues is an indication that justice-involved women are in great need of a behavioral health care system that supports them prior, during, and following incarceration. If indeed behavioral health issues are associated with supervision failure, this may lead to the development of diversion eligible checkpoints for women at the point of arrest with an emphasis on identification and rapid service delivery at every justice decision point thereafter. Through a thorough intake process leading to the identification of those in need of behavioral health services, the cycle of female

offenders entering and returning to the criminal justice system is likely to decrease due to the implementation of services to assist in offender rehabilitation.

By providing behavioral health support to female offenders, criminal justice agencies would be better able to manage and prioritize services offered to the offender population (Rowan-Szal, Joe, Bartholomew, Pankow, & Simpson, 2011). Several studies support that providing offenders with substance use disorder and mental health treatments reduces the likelihood of recidivism (Rowan-Szal, Joe, Bartholomew, Pankow, & Simpson, 2011; Bull, Cooke, Hatcher, Woodhams, Bilby, & Grant, 2009; Blitz, Wolff, & Papp, 2006). Thus, female offenders afforded appropriate behavioral health services are less likely to reoffend, and the earlier applied, the sooner reoffending ceases allowing for less offending in the community perpetrated by the growing female offender population. Additionally, adequate services provided to female offenders experiencing behavioral health issues would increase the chances of acquiring the skills to support themselves, provide for their families, and stop the inevitable cycle of entering the criminal justice system through the same pathways to criminal behavior.

### **Definitions of Terms**

The following terms and phrases appear in this study.

*Behavioral Health Issues:* An inclusive term used to refer to the many issues for which someone would seek assistance from a professional, such as suicidal behavior, substance use disorder, and domestic and relationship violence (McDonald, Curtis-Schaeffer, Theiler, & Howard, 2014). This term is used interchangeably or in conjunction with emotional and mental health issues.

*Childhood Trauma:* Physical, sexual, and/or psychological abuse occurring during one's childhood (CSOSA, 2013).



*Community Supervision:* Whereby an offender completes all or part of an imposed sentence within the community on probation, supervised release, or parole supervision. Typically, during community supervision, there is a condition or combination of conditions imposed by the releasing authority to ensure successful community integration, as well as public safety (CSOSA, 2013).

*Criminal Justice System:* Any institution, agency, or individual who manages or provides supervision to an offender who enters into the legal system (Andrews & Bonta, 2006).

*Justice Decision Point:* Any point in which an offender encounters a separate and new entity within the criminal justice system (CSOSA, 2013).

*Mental Health Issues:* Having been assessed and found in need of mental health services to include medication, treatment, and/or hospitalization for psychological issues (CSOSA, 2013).

*Offender:* An individual found guilty, convicted, and sentenced for a criminal act and remains under the jurisdiction of a releasing authority (CSOSA, 2013).

*Recidivism:* Having lost the privilege of remaining in the community after being sentenced to a period of probation, supervised release, and/or parole due to a new arrest or conviction and/or violating release conditions (CSOSA, 2013).

*Risk and Needs Assessment:* A tool used to assess the extent to which an offender requires support services and treatment interventions (CSOSA, 2013).

*Socio-demographic Factors:* Variables that have been found to effect successful completion of community supervision such as race, age, marital status, education, prior mental health and substance use disorder treatments, and primary caregiver status of dependent children (Covington, 2007).

*Substance use disorder: Possessive or conditional need for an addictive substance or having tested positive for the following five substances: cocaine, phencyclidine, marijuana, opiates, and alcohol during drug analysis (CSOSA, 2013).*

*Unsuccessful Supervision Completion: Probation, supervised release, and/or parole case that have been closed with an undesired outcome of either having been revoked to incarceration, revoked unsatisfactorily, facing deportation, or awaiting an institutional hearing for the releasing authority (CSOSA, 2013).*

### **Assumptions and Limitations of the Study**

A significant limitation of this study is the generalizability of the results to other jurisdictions providing probation, supervised released, and parole supervisions. Current literature supports the notion that all female offenders generally experience the same behavioral health issues such as sexual or physical abuse, depression, and, substance use disorder (Becker, Anzel, Boaz, & Constantine, 2011; Forsythe & Adams, 2009; Holloway, 2010). However, CSOSA is a unique agency in that it is the only federal government agency serving a local jurisdiction. Therefore, offenders under CSOSA supervision may have the benefit of enhanced resources such as faster service delivery of behavioral health evaluations and/or treatments. Jurisdictions with lesser resources may not be able to provide any behavioral health services to their offender population; thus, the results of this study would not apply.

It was not possible to account for all the variables that may affect female offender supervision failures. Although, the study explored control variables (e.g., age, marital status, education, and primary caregiver of dependent children), it is assumed that other variables that may affect supervision failures do, in fact, exist. It would not be possible for this study to capture all possible variables that have an effect of supervision failure.

An assumption of this study is that there is a probability that one of the phases that lead to community supervision reveal behavioral health issues. Phases that should lead to identifiable behavioral health issues include pre-sentence investigation, incarceration, post-release screening, assessment, and community supervision with a supervising officer. Another assumption of this study is that by using archival data all the information collected for use in this study will be up-to-date and accurate. Thus, results of this study are reliable and valid.

### **Summary**

Recent studies, most notably from Bennouna-Greene, Bennouna-Greene, Berna, and Defranous (2011) and Skeem, Edens, Douglas, Lilien, and Poythress (2010), have found that the incidence of behavioral health issues such as substance use disorder, post-traumatic stress disorder, depression, and anxiety is often high among women who have experienced childhood trauma. It was hypothesized that childhood trauma including sexual abuse, physical abuse, and psychological abuse, as well as substance use disorder and mental health issues will increase the incidence of patterns of rearrests and revocation of community supervision unsatisfactorily and to incarceration when left untreated. It was important to explore theorists who have conceptualized how childhood trauma, substance use disorder, and mental health issues impact the thought processes of women and their long term social and psychological functioning.

Chapter 2 provides a detailed exploration of the relational theoretical framework, how it relates to female offending, and how criminal justice professionals could better understand the needs of the female offender and provide them with a better service. Chapter 3 provides the reader with information in regard to the sample, data collection, and how the data will be used to answer the research questions. Presented in Chapter 4 is the study's data collection, demographics of archival data, and results of the hierarchical logistic regression analysis.

Finally, Chapter 5 includes my interpretation of the study's findings, limitations of the study, recommendations, implications, and the study conclusion.

## Chapter 2: Review of the Literature

### **Introduction**

This literature review examines research on risk factors for community supervision failures. It specifically examines childhood trauma, substance use disorder, mental health issues, and demographics among female offenders. There is a wealth of knowledge in regard to the implications of substance use disorder and mental illness on criminal justice system outcomes as it relates to juveniles and male offenders (Becker, Andel, Boaz, & Constantine, 2011; Derry, & Batson, 2008; Skeem, Manchak, & Peterson, 2011). According to the Bureau of Justice Statistics (2009), the number and proportion of female inmates are increasing in state and federal institutions. Despite female offenders currently being the fastest growing population in the criminal justice system, however research on how these predictors specifically affects recidivism rates on this population is limited.

This review of the literature includes through Criminal Justice Periodicals, PsycINFO, EBSCO Host, PsycARTICLES, and SocINDEX. The literature search process focused on peer-reviewed journal articles, from 2007 to present, using the following keywords, both singularly and in combination: female, female offenders, women offenders, childhood trauma, substance use disorder, mental health, behavioral health, gender-based theory, community corrections, probation, parole, recidivism, and the relational theory. Following the initial search, there were subsequent in-depth searches. Online information centers such as the Bureau of Justice and the Substance Abuse and Mental Health Services Administration (SAMHSA) facilitated the collection of statistical data.

## Overview

Female offenders are now commonplace in the United States, with this population comprising the fastest growing population within the U.S. criminal justice system (BJS, 2012). Historically, the U.S. criminal justice system has primarily dealt with male offenders and their risk assessments, leading to most treatment plans in use being tailored to the needs of male offenders. Davidson and Chesney-Lind (2009) reported that risk assessments for reoffending were based on the notion that the risks of male offenders are equivalent to the risks of female offenders. Therefore, Davidson and Chesney conducted a study examining the effectiveness of risk assessments in predicting recidivism and intervention effectiveness, concluding that gender differences among drug use, physical and sexual abuse, and crime are not accounted for in many risks and needs assessments. The researchers noted that this situation creates a heightened risk for neglect and criminalization in justice-involved women (Davidson & Chesney-Lind, 2009).

O'Malley (2010) argued that utilizing the same or equivalent risks assessments for female offenders that are used on male offenders are harmful to the female offender. For example, family issues are a common criminogenic risk factor for female offenders, whereas family issues are often of smaller consequence to male offenders. Therefore, risks assessments that place little value on family issues prove harmful when assessing the female offender (O'Malley, 2010). Furthermore, O'Malley (2010) suggested that pre-sentence reports that heavily rely on the facts presented in risk assessments are not able to differentiate between trivial and serious cases of reoffending. Because many female offenders rely on connections with others, relying on risks and needs assessments developed with the male offender in mind is less effective in identifying the best practices when working with female offenders.

Criminal justice professionals should seek early knowledge of the female offender's risk to public safety and services needed to reintegrate into the community successfully.

VanBenschoten (2008) explained that the foundational principle of community supervision relies on supervision level and treatment services being congruent with the offender's level of risk or else recidivism is inevitable. Offenders with higher risk of recidivism require higher levels of supervision, whereas offenders with a lower risk of recidivism require lower levels of supervision.

Criminal offenses are reported to the Uniform Crime Reporting (UCR) Program on a monthly basis (U.S. Department of Justice, 2012). In the monthly report, offenses are divided into two groups, Part I and Part II offenses (U.S. Department of Justice, 2012). In regard to Part I offenses, criminal justice agencies report demographic information such as the age, gender, and race of the individual that had been arrested. Part I offenses, occurring in all geographical locations, are serious crimes such as robbery, homicide, and rape. Because of the severity of Part I offenses, they are typically reported to the police. In regard to Part II offenses, criminal justice agencies report only the arrest information of these less severe offenses. Part II offenses did not include the use of a weapon nor did they require a victim to seek medical attention resulting from a serious injury. Examples of Part II offenses were drug abuse related crimes, fraud, and destruction of property. Women were responsible for an estimated 26.8% of all Part I and Part II offenses in the United States in 2012, divided into 19.7% of Part I offenses and 37.4% of Part II offenses committed in that year (Bureau of Justice Statistics, 2012).

Many researchers have identified common themes among female offenders. Greene and Pranis (2006) listed experiencing childhood sexual and/or physical abuse, history of illicit drug use, mental health issues, and residing in poverty as common reoccurring themes among female

offenders. Past experiences of childhood trauma are common to many female offenders. Female offenders are more likely to have experienced sexual, physical, and emotional abuse than male offenders are (Livers & Hiers, 2007). Matheson (2012) reported that female offenders are two times as likely to have experienced childhood physical and/or sexual trauma as male offenders are.

Combs (2010) examined the outcomes of the Residential Substance Abuse Treatment (RSAT) program, a modified therapeutic community designed to meet the specific needs of female offenders. The RSAT program offers program participants mental health and substance use disorder treatments, as well as intensive group sessions, which require honesty, trust, and accountability. Outcomes of the RSAT program boast an 86% success rate in remaining in the community following release from the program (Combs, 2010). Results of this study illustrate great potential in rehabilitation of the female offender when taking into account the needs of women.

Another commonality among female offenders is the presence of a substance-abusing history (Greene & Pranis, 2006). Substance use disorder generally increases income-generating crimes for both male and female offenders; however, more so in the case of female offenders due to heavier substance use (Schwartz & Steffensmeier, 2008). The disproportionate number of women committing Part II offenses compared to Part I offenses demonstrates that women in general commit crimes involving minimal violence and greater self-harm; these include crimes involving drug use and prostitution in order to support drug habits (Bureau of Justice Statistics, 2012).

Mental health issues are also common among female offenders. According to the Bureau of Justice Statistics (2010), 73% of all female inmates self-reported mental health issues,



significantly more than the 55% of male inmates who self-reported mental health issues. Women with a history of receiving mental health treatment are often reluctant in seeking and continuing treatment because of homelessness, lack of a social support system, and financial difficulties (SAMHSA, 2008c). Behavioral health issues, as well as socio-demographic issues often serve as barriers to community supervision compliance with female offenders.

Extensive research has been conducted on assessing risk factors associated with community supervision failures of individuals involved in the justice system. However, such research has provided limited information on how factors such as educational level, employment status, substance use disorder, and mental health issues for this male-dominated population specifically translates into the growing female offender population and how these behavioral health issues relate to revocation of incarceration patterns in female offenders (Covington, 2008). It is imperative that criminal justice professionals have a discussion on how to effectively meet the needs of female offenders and implement these programmatic changes.

Female offenders who become involved in the criminal justice system are often the product of poverty-stricken neighborhoods (Greene & Pranis, 2006). Additionally, these women have criminogenic risk factors such as low social support systems in which they are unable to depend on others for assistance when needed. Hopelessness and poverty are two of many themes pointed out by the researchers that are common amongst the female offender (Greene & Pranis, 2006). In fact, as reported by the Bureau of Justice (2000), economic difficulties affect female offenders more than male offenders. Thirty percent of female prison inmates received welfare benefits prior to their arrest, as opposed to 8% of male prison inmates (Bureau of Justice Statistics, 2000). It appears that female offenders are faced with a plethora of issues that criminal justice professionals are unable or not prepared to effectively address.

Many criminal justice professionals recognize the difficulty of providing effective interventions to the female offender. Buell (2005) noted that criminal justice professionals generally prefer to assist several male offenders over one female offender because of the complexity of the female offender's life experiences, ways of communicating, and service delivery. Buell (2005) also reported that after gaining a sound understanding of how to meet the needs of the female offender, criminal justice professionals generally describe this as a rewarding experience. Unfortunately, female offenders released from incarceration are not faring well in the community (Covington, 2008). The results of this study imply the need for gender-specific programming for female offenders.

According to the Department of Justice (2002), 57.6% of female offenders are rearrested within three years of their release from prison, 34.5% within one year of their release from prison, and 23.3% were rearrested within six months of their release. The state of Colorado reported that in 2012 an estimated 22% of their female offenders participating in the Colorado State Probation Intensive Program, placed directly into the community, had their probation revoked, 12% had absconded, and 57% successfully completed probation (Colorado Judicial Branch, 2012). Of those female offenders revoked, 24% acquired new felonies, 12% acquired new misdemeanors, and 65% were revoked on technical violations such as missed appointments and testing positive in drug screenings. Although many female offenders are successful in completing this intensive community supervision program, there is also a need for criminal justice professionals who are trained to serve the female offender population. Without this training, there is a high risk of missing the opportunity to provide much-needed services to promote healing, change, and/or offender rehabilitation.

According to the Bureau of Justice Statics (BJS) (2007), 59.3% of female state prisoners as compared to 56% of male state prisoners reported substance use disorder histories. Additionally, 47.6% of female federal prisoners as compared to 50.4% male federal prisoners had reported substance use disorder histories (BJS, 2007). It should be noted that offenders detained in state correctional facilities (48%) are more likely to be placed on community supervision than those detained in any other correctional facility (37%) due to the increased likelihood of having female offenders on community supervision than male offenders (BJS, 2007). Furthermore, offenders who had reported substance use and dependence that were detained in state correctional facilities (53%) received at least three prior sentences to community supervision and/or incarceration over those detained in any other correctional facility (32%) (BJS, 2007).

Although Staton-Tindall, Royse, and Leufeld reported in a 2007 study that substance use of female offenders can be attributed to their entry into the criminal justice system, the treatment focus still remains on male offenders. The researchers reported that a great number of female offenders possess a substance use disorder history and that nearly half of all incarcerated women were under the influence of a drug or alcohol at the time of their arrest (Staton-Tindal, Royse, & Leufeld, 2007). Wilson and Draine (2006) examined access to mental health services for female offenders out in the community and in prison. The researchers reported that the results of a 2006 survey of 58 programs designated for offender reentry indicate that the criminal justice agency is assuming the initiation and funding obligations of offender mental health services more so than the mental health system (Wilson & Draine, 2006). Criminal justice professionals appear to have an opportunity to identify and provide to female offenders effective services that could reduce their risks for recidivism.

## **Relational Theories**

According to Covington (2007), female offenders are among one of the most misunderstood and neglected populations in our society. Between the years 1929 and 1970, out of the thousands of published articles focusing on substance use disorder treatment, only 28 of those were about women (Kerr, 1998). After 2008, an increase in the number of articles addressing women's substance use disorder treatment surfaced in a response to evidence suggesting that treatment needs of women differ significantly from that of men. Women with substance use disorder tend to have higher rates of physical and sexual abuse occurring both during childhood and adulthood, higher rates of depression, lower self-esteem, and lower self-confidence than their male counterparts (Kerr, 1998). The criminal justice system has not been able to keep pace with the growing female offender population and programmatic changes have yet to be implemented to address the special needs of the female offender (Chesney-Lind, 2006; Covington, 2007; Covington, Burke, Keaton, & Norcott, 2008).

Traditional psychological theories were developed to align with the perspectives of men placing emphasis on dealing with the self and individuation. As described by Covington (2007), traditional theories posit that individuals move through life attempting to become self-sufficient through individuation and autonomy. With regard to women, Miller first challenged this notion by asserting that women's growth, motivation, and esteem needs are built on the foundation of the connections with others. Prior to the acknowledgment of psychological differences between men and women, these differences were not only treated as deficiencies, these difference were treated as an unwillingness to comply with behavioral health services (Kerr, 1998).

Interventions are also predominantly tailored to meet the needs of men. In a 1998 report issued by the National Institute of Justice (NIJ), the findings concluded that female offenders

differed considerably from male offenders in regard to treatment needs. This report further concluded that the major difference between male and female offenders is the greater likelihood of sexual and/or physical abuse in female offenders (NIJ, 1998). Therefore, because of the increasing number of women entering the criminal justice system, it is also important to understand the worldview of this population and then identify theoretical perspectives and interventions that meet the needs of these women.

Male-oriented assumptions of autonomy and independence were discredited in regard to the psychology of females with the development of the relational theory in 1979 (Lichtenwaller, Garase, & Barker, 2010). In the relational theory, it is posited that empowering, empathic, and mutual relationships are the focus to a woman's healthy psychological development and growth (Lichtenwaller, Garase, & Barker, 2010). The relational theory has been used when studying women, especially those with stigmatizing labels such as the mentally ill and drug users to assist with the gender-specific issues of women (Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009).

Female offenders require interventions that are sensitive to the unique pathways of female criminality that often include childhood traumatic experiences, substance use, and mental health issues. Therefore, effective interventions for female offenders first focus on addiction, trauma, and violence, the key factors that have led them into criminality (Carr, 2007). Many female offenders lack interpersonal relationships through support systems needed which may have very well assisted them on their pathway to criminality. The relational theory places emphasis on the female offender's specific needs for positive development (Carr, 2007).

The relational theory can assist criminal justice professionals with the facilitation of successful completion of community supervision through an understanding of the specific needs

of the female offender(Covington, 2007). Covington (2007) reports that most female offenders are unskilled, undereducated, poor, and single mothers of minor children battling with childhood trauma and addiction histories. Dependent children play an important role in the supervision of female offenders in both custodial and community correction settings and an emphasis on regaining or establishing this relationship has great rehabilitative effect in regard to financial responsibility and motivation for treatment (Covington, 2007). However, survival of childhood trauma is one of the most common pathways to crime among female offenders (Covington, 2007).

In regard to victimization, Spalek (2008) explains that reports of female and male victimizations should not be compared or assessed the same as women view victimizations as a continuum of violence which frames their lives; whereas men view victimizations as separate and apart which would not result in victimization as a frame of reference. Additionally, it is proposed that women have higher levels of fear of crime than men and are, therefore, more socially vulnerable. This higher social vulnerability leads to greater levels of impact when victimized (Spalek, 2008). Feminist researchers have begun their own victimization-based surveys to reflect the views of women because the majority of surveys use the perspectives of middle-class males. These feminists-developed surveys document domestic and sexual victimizations that are more common in female victims, rely heavily on female perspectives and constitute men as the “other” victim (Spalek, 2008).

Calhoun, Bartolomucci, and McLean (2005) acknowledge the issues with meeting the specific needs of girls in the justice system, due to the lack of attention with this population. The author reported that what is often viewed as criminalization within this population may be a means of survival. Relational group theory was proposed by the authors, among this population,

to assist offenders with addressing problematic behaviors and gender-specific concerns while building connections with other girls and women (Calhoun, Bartolomucci, & McClean, 2005).

Elliot, Bjelajac, Falot, Markoff, and Reed (2005) reported that many women who have experienced trauma find the practices and procedures of treatment facilities intimidating and unpleasant because they feel that treatment facilities are not sensitive to the needs of female clients. The researchers also reported that post-traumatic stress, avoidance, hyperarousal, and anxiety symptoms may worsen after women with a history of trauma enter these treatment facilities. Additionally, women who have unidentified behavioral health issues such as mental health or substance issues are more likely to experience a relapse in drug use or increase in mental health symptoms. The researchers suggest that when working with women, it is necessary for practitioners to promote self-empowerment by allowing the client to serve as the expert of their life thus giving the client the control over their recovery. Therefore, the practitioner and client are working in collaboration rather than the practitioner as the expert. Relationships between violence, trauma, mental health issues, and substance use disorder are multi-determined and complex and can be seen directly and indirectly related to past trauma. (Elliot et al., 2005).

Duffey (2011) posits that the development of the relational-cultural theory was to provide a means of treatment in which women and other members of devalued populations can relate. The following are the key tenets of the relational-cultural approach: growth-fostering relationships, empathy, mutual empathy, authenticity, strategies of disconnection, the central relational paradox, relational images, relational resilience, and relational competence. The tenets of the relational-cultural approach focus on the complexities of relationships rather than individuation and autonomy, exploring the impact of failing relationships on mental health and

future isolation, how the client view current relationships based on past relationships, and the movement towards growth-fostering and mutually empowering relationships despite adversity (Duffey, 2011).

Herrschaft, Veysey, Tubman-Carbone, and Christian (2009) conducted a study examining whether men and women differ in how they perceive their transformational experiences. The researchers selected 37 male and female participants with stigmatizing labels. Results of this study indicated that men were more status-driven while women were more relationship-driven when viewing their lives as transforming for the better.

Covington (2008) states that current treatments for assisting women with issues of addiction are not effective because they do not take into account the reality of women's daily living and instead prescribe treatments that are more addictions' single-focused approach developed for men. The researcher reports that women's lives often include violence and various types of victimization and abuse. Thus, it has been proposed that gender-responsive treatments be used when assisting this population (Covington, 2008). More specifically, the author proposes the Women's Integrated Treatment (WIT) model that is an integrated approach of relational-cultural theory, trauma theory, and addiction theory. An overwhelming majority of substance-abusing women have experienced physical and/or sexual abuse; therefore, have required treatments that address both trauma and substance-abusing issues (Covington, 2008; Ouimette et al., 2000).

Sacks, Sacks, McKendrick, Banks, Schoeneberger, Hamilton, Stommel, and Shoemaker (2008) conducted a study investigating treatment outcomes for inmates in a Therapeutic Community (TC) program and those in a cognitive-behavioral approach program. A generous two-thirds of study participants received a severe mental health diagnosis, over half of study



participants received a diagnosis of post-traumatic stress disorder, and nearly all study participants reported that they had experienced some exposure to trauma. Results of this study indicated a significantly better six-month post-prison mental health, criminal behavior, and Human Immunodeficiency Virus (HIV) risk behavior outcomes. The researchers suggested the use of TC along with gender-specific approaches and practices that address traumatic experiences as a better means for treating behavioral health issues than intensive outpatient treatment alone.

Fortuin (2007) reported on the success of Maine's female offender reentry program that adopts a strengths-based relational theory perspective. Maine's female offender reentry program that addresses sociodemographic concerns such as economic stability, employment and family reunification, as well as behavioral health issues, has a 17 percent recidivism rate. The program's success has been credited to the assessments that take place no later than six months prior to the offender's release from incarceration, immediate implementation of identified needed services, and continuum of services following completion of the program. The program boasts female offenders who become empowered, knowledgeable, and courageous law abiding citizens.

Research illustrates that the traditional male-oriented approach applied to women is an ineffective method for identifying and addressing both behavioral health and sociodemographic issues among female offenders. The relational theory provides a perspective from a female offender's worldview through the focus on gender-specific issues such as relationships with others, pathways to criminality, sociodemographic issues specific to women, and how women differ from men psychologically.

## **Maslow's Hierarchy of Needs Theory**

Female offenders that have been afforded the opportunity to participate in community corrections, in combination or in lieu of incarceration, in an effort to rehabilitate and become productive members of society are faced with difficult and unique challenges. According to Maslow's hierarchy of needs, which entails five categories of needs, certain basic needs must be met before moving on to other needs that are rated less of necessity (Jones, 2004). Maslow describes five categories of needs that must be met in a necessity-based order as physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization (Maslow, 1970).

Physiological needs are described as the most necessary of the needs within the hierarchy of which hold strongest in motivation to be met (Jones, 2004). Examples of physiological needs that must be met before trying to attain any other needs are food, sleep, and clothing. Physiological needs are often fulfilled without question for many individuals; however, for the female offender, these needs may be difficult to obtain due to the financial hardships many female offenders face.

Many female offenders live below the poverty line, due to lack of employment and/or education, following their release from incarceration and while on community supervision (Severance, 2004; Holtfreter, Reisig, & Morash, 2004). In the absence of physiological necessities, female offenders are likely to continue engaging in criminal activity leaving them more susceptible to community supervision failure and recidivism. Therefore, without physiological needs being met offenders are not inclined to become law-abiding citizens (Jones, 2004). Supervision officers have the ability to assist offenders with community resources to obtain basic needs such as clothing, food, and shelter.

Safety needs are next of importance on Maslow's hierarchy of needs (Maslow, 1970). The premise on safety needs is that individuals feel protected. Unfortunately, for many female offenders, sexual, physical, and/or psychological abuse has occurred during their formative years (Belknap & Holsinger, 2006). In many instances, this abuse is unaddressed well into adulthood.

When engaging in criminal activities and during interactions with the world, compromise of safety needs is apparent in criminal justice facilities (Jones, 2004). These continued experiences of safety needs failure will only reinforce the feelings of uncertainty or the likelihood of harm. These feelings make this notion of well-being difficult, and safety needs unattainable in some instances. Without the fulfillment of safety needs, further progression in meeting higher needs and self-actualization will not materialize.

The love and belongingness need category follows on Maslow's hierarchy of needs (Maslow, 1970). Maslow recognizes relational connections as the first psychological need following the most basic human needs of factors that make up socio-demographics and security, as well as stresses this traditionally female-dominated need toward self-actualization in this theoretical perspective (Coy & Kovacs-Long, 2005). During the love and belongingness category, fostering relationships with family, friends, and those within the community is fundamental to development (Jones, 2004). Love and belongingness needs are often difficult for female offenders to maintain due to periods of separation due to incarceration and repeated recidivism.

Love and belongingness needs align with the premise of Relational Theory as it regards interpersonal relationships of great importance as it pertains to women's healthy psychological development and adjustment (Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009).

Criminal justice professionals are in the position to encourage female offenders to adopt positive relationships with family and those who can uplift them.

Esteem needs, the last category before self-actualization, is characterized by receiving encouragement and praise, believing in, and having respect for oneself (Maslow, 1970).

Offenders appear to have difficulty in feeling good about themselves, whereas for the law-abiding citizen may not have as much difficulty. As reported by Jones (2004), offenders often use deviant avenues to meet esteem needs. This approach is short-lived and may lead to recidivism.

Motivation, self-confidence, and high self-esteem are some of the major tenants of Maslow's hierarchy of needs theory and characterizes self-actualization in the final category. Releasing authorities often impose release conditions in which many offenders are mandated to mental health and/or substance use disorder treatment. Motivation, self-confidence, and high self-esteem are key to participation and completion in behavioral health services. As previously mentioned, many female offenders are stigmatized not only for their involvement in criminal activity, mental health status, and substance use disorder but because they do not fit the standard of being a good woman due to their poor interpersonal and relational skills.

Dignity, pride, and encouragement from others, lacking for many female offenders, all support the attainment of esteem needs. Without basic physiological needs, safety needs, and love and belongingness needs, female offenders are not able to attain esteem needs and lack the motivation to become law-abiding citizens. Many studies report that female offenders have higher rates of substance use disorder, and mental health issues as compared to male offenders (Messina & Grella, 2006; Holsinger & Holsinger, 2005). In the absence of esteem, female

offenders lack the will to address behavioral health issues, such as substance use disorder and mental health issues reported to increase the likelihood of recidivism (Carr, 2007).

During the self-actualization category, individuals are more inclined to make serious changes about behavioral health issues because they are motivated to change and not participate in treatment solely because the releasing authority has mandated it. According to Maslow (1987), if an individual lacks motivation, any information obtained through treatment services will not be retained or used for future use. Retention of behavioral health services is imperative for the female offender as to reduce the likelihood of returning to maladaptive coping strategies and maintenance of criminal pathways. Therefore, traditional theoretical perspectives tailored for male offenders replaced with gender-specific theories such as the relational theory in an attempt to motivate the female offender are best suited.

Female offenders have distinct differences in pathways to criminality than male offenders to include mental health issues, trauma, and addiction (Carr, 2007). These unique differences considered about rehabilitation, effectively meet the needs of female offenders. Maslow's Hierarchy of Needs focuses on basic needs such as security and relational bonds and thoroughly addresses these issues in each category leading to self-actualization stage. According to Jones (2004), through self-actualization, it is hopeful that recidivism of the offender will decline.

### **Factors Affecting Female Offenders**

#### **Socio-Demographic Factors**

Socio-demographic factors such as race, marital status, education, and primary caretaking of dependent children have also been factors that influence the behavioral health outcomes of this population. When assisting this population, criminal justice professionals must take into

account a gamut of factors and provide the appropriate amount of needed services in a timely fashion in order for these interventions to be effective (Grella, Stein, and Greenwell, 2005).

Cauffman (2008) provided a summary of trends associated with female offending. The author reported that although male offending outnumbers female offending, female offending is on the rise and far outweighs the long-term consequences of male offending. For instance, relationships with minor children is a major difference between male and female offenders as the majority of female offenders were single mothers with an average of two children prior to incarceration (Covington, 2007). Female offenders have developed a stigma of being unfit and inadequate mothers who are unable to provide for their children's needs. One of the most detrimental parts of entering the criminal justice system for female offenders is the separation from their children which often leads to shame, guilt, grief, and loss of motivation for survival (Covington, 2007). Acknowledging the role of female offenders as mothers is an important step for criminal justice agencies in an effort to support the specific behavioral health and sociodemographic needs of female offenders.

The number of women participating in activities leading to entry into the criminal justice system is rapidly increasing. In 1998, 34% of female offenders who were convicted of a crime were convicted of a drug offense compared to 20% of men convicted of a crime (Torr, 2004). It was reported in this study that offenders convicted of drug offenses face greater difficulties in transitioning back into the community than other offenders because of the lifetime ban on public assistance provision for drug offenders that half of the states were fully enforcing (Torr, 2004). For female offenders, denial of benefits and/or entitlements can have a significant impact on their ability to provide for their family.

Juvenile female offenders have a higher incidence of mental health and substance use disorder problems as adults. Additionally, female offenders have higher rates of poor physical health, reliance on public assistance, and victimization (Cauffman, 2008). This study concluded that a proponent of gender-specific treatment options and states gender-focused treatments can assist female offenders by delving into several aspects of the individual's life such as family and environment.

According to Sarteschi and Vaughn (2010), less than half of incarcerated females in the United States have earned their high school diploma or high school equivalency and a little less than half have ever been married. In a 2004 study conducted by Tonkin, Dickie, Alemagno, and Groove, the researchers found that the majority of female offenders reintegrating into the community were not very employable as they were reading on a seventh-grade level and operating on a fourth-grade math level. The results of these studies suggest the need for programming that addresses educational disparities of female offenders.

Primary caregiver to dependent children status is another major issue unique to many female offenders. According to the Bureau of Justice Statistics (2000), female offenders entering the criminal justice system were mothers of approximately 1.3 million minor children.

Approximately 8 out of every 10 female offenders were the primary caretakers for dependent children (SAMSHA, 2008c).

### **Behavioral Health Factors**

According to Blanchette and Taylor (2009), female inmates reported significantly more victimization including violent, sexual, and incestuous victimizations, over a long period of time, than male inmates. The researchers encouraged treatment providers to address this victimization issue because of the large numbers of female offenders entering the criminal justice system. The

authors also reported the great number of instances when the female offender is additionally faced with mental health issues and ineffectual coping skills. Behavioral health issues coupled with the victimizations provide for poor treatment outcome for female inmates participating in the male-oriented one-dimensional treatment facilities (Blanchette & Taylor, 2009).

Grella, Stein, and Greenwell (2005) conducted a study examining the relationship between childhood trauma and adverse adult outcomes. The researchers found that there was a high positive correlation between childhood trauma and adverse adult outcomes to include substance use disorder and criminal activity (Grella, Stein, & Greenwell, 2005). Rossegger, Wetli, Urbaniok, Elbert, Cortoni, and Endrass (2009) examined whether violent offending is related to adverse childhood experiences, low educational level, and poor mental health. Results of this study indicated that the factors that influence violent female offenders include limited education, marital status, mental health issues and childhood trauma. The results of this study suggest the need for interventions that take a look at past traumas when addressing criminal behaviors.

Ippen, Harris, Horn, and Lieberman (2011) conducted a study involving preschool-aged children who have been exposed to childhood traumatic experiences, along with their mothers to assess the outcome of child-parent psychotherapy. This study illustrates the benefits of early identification, assessment, and intervention of mental health services for those affected by childhood trauma. Results of this study indicate a significant improvement in behavior problems, and post-traumatic stress disorder and depression symptoms in both the preschool-aged children and their mothers and in substance use disorder-related outcomes in the mothers (Ippen et al., 2011). Results of this study imply the need for early identification and treatment for those exposed to childhood traumatic experiences to maximize treatment benefits.



Recent research has indicated that female offenders with childhood trauma are often resistant to acquiring services. Peltan and Cellucci (2011) identified factors that contribute to help-seeking behaviors in substance-abusing female offenders. The researchers reported that study participants with heightened childhood trauma were less inclined to participate in treatment services due to feeling uncomfortable with approaches used that lack in the specificity of their needs. This information thus makes behavioral health treatment identification and implementation imperative in criminal justice settings.

Lardinois, Lataster, Mengelers, van Os, and Myin-Germeys (2011) conducted a study examining the mediating role of childhood traumatic experiences on the reaction to psychotic and emotional stressors of daily living. The researchers reported that childhood traumatic experiences can present as psychotic and emotional responses to minor stressful experiences later in life; thus, childhood traumatic experiences can illicit psychotic manifestations that may interfere with the ability to appropriately adjust to stressful situations. Within the female offender population, there appears to be a greater presence of childhood trauma than in other offender populations (Lardinois et al., 2011). Therefore, the importance of quickly identifying those who have experienced childhood trauma and effectively treat them is evident.

Higher rates of females in prison as well as in community-based substance use disorder treatment report having experienced exposure to sexual and physical assault, including childhood abuse (Sacks, McKendricks, Hamilton, Cleland, Pearson, & Banks, 2008). Many of these women also exhibit posttraumatic stress disorder (PTSD) symptoms. Among women with PTSD, 30 to 59 percent are also afflicted with substance use disorders (Sacks et al., 2008). According to Sacks et al. (2008), prison-based treatment programs often lack the necessary resources required to address the complexity of offenders requiring both mental health and

substance use disorder needs. The researchers reported that without these resources, the offenders are more likely to be reincarcerated than those with only substance use problems (Sacks et al., 2008).

James and Glaze (2006) report that 23% of both male and female offenders in prison and jail have been diagnosed with mental illness by an outside mental health professional prior to incarceration. However, of those 23%, only 32% of prison inmates and 23% of jail inmates receive mental health services (James & Glaze, 2006). According to Wilson and Draine (2006) and Blitz, Wolff, and Papp (2006) mental health services were more readily accessible to offenders within the criminal justice system versus the mental health services system in the community. The findings of this study imply the need for identification of behavioral health needs during interactions with the criminal justice system. Additionally, collaborations between mental health providers and criminal justice professionals are important for providing a continuum of care.

Similarly, Blitz, Wolff, and Papp (2006) examined the access to mental health services by female offenders in a New Jersey correctional facility who report a need for mental health services. The researchers used logistic regression to predict mental health, substance use disorder, or both mental health and substance use disorder treatments prior to incarceration. The researchers reported that of the female offenders surveyed, 80% reported that their mental health services were accessed while they were incarcerated and having medical insurance was the only significant effect for acquiring treatment services. Furthermore, these female offenders reported having greater access to mental health services in prison (Blitz, Wolff, & Papp, 2006). When collecting control variable data, the researchers failed to specify the type of trauma which fails to

provide one with an understanding of the relationship between treatment prior or during incarceration and trauma.

As reported by Bull, Cooke, Hatcher, Woodhams, Bilby, and Grant (2009), female prisoners experienced greater suffering and levels of psychological distress than did male prisoners. The researchers reported that female prisoners tend to experience anxiety and worry over their children's well-being as two-thirds of female offenders are mothers (Bull et al., 2009). Additionally, the authors reported that current research suggests that a significant number of female offenders suffer from psychological distress due to physical and sexual abuse prior to entering the criminal justice system, and once they have entered the criminal justice system they become more vulnerable to negative factors (Bull et al., 2009).

Sacks, McKendricks, Hamilton, Cleland, Pearson, and Banks (2008) reported that rates of those diagnosed with mental health conditions are higher in the prison population than in the general public and female offenders are more likely to be diagnosed with a mental health condition than a male offender. Furthermore, female offenders are more likely than male offenders to use serious illicit substances, use them more frequently, use them intravenously, and to be dually diagnosed with substance use disorder and mental health conditions (Sacks et al., 2008). This study's findings illustrate the magnitude of behavioral health needs in the criminal justice system. Effective mental health and substance use disorder treatments for female offenders are implicated.

Messina and Grella (2006) examined prevalence of childhood trauma among female prisoners and its relationship to physical and mental health issue. Results of this study indicate that women that had experienced childhood-related trauma were 15% more likely to suffer from health-related conditions as an adult, and 40% more likely to suffer from mental

health issues as an adult. Childhood trauma has often been connected to mental health and substance use disorder issues well into an individual's adulthood.

In a study utilizing a preschool-aged sample exposed to childhood trauma, Ippen, Harris, Horn, and Lieberman (2011) examined whether treatment would improve the well-being of those affected by early childhood trauma. The researchers reported that child-parent psychotherapy was effective in treating preschool-aged children exposed to domestic violence for post-traumatic stress disorder and depression symptoms. Therefore, early identification, assessment, and treatment interventions amongst individuals with childhood trauma are pertinent to treat mental health issues and substance use disorders effectively. Within a residential substance use disorder treatment facility, Wu, Schairer, Dellor, and Grella (2010), found that an overwhelming majority of the participants were subjected to childhood trauma. Additionally, Messina and Grella (2006) and Grella, Stein, and Greenwall (2005) discovered the same findings when investigating individuals in the Female Offender and Treatment Employment Program (FOTEP). Both studies confirm that adult behavioral health issues and criminal activity are strongly related to childhood trauma.

According to Covington (2007), the first contact with the criminal justice system of female offenders are likely to have occurred as a juvenile in an attempt to escape traumatic situations in the home such as violence and physical or sexual abuse. As a means of survival in these situations, these female juveniles typically turn to prostitution, drug use, and property crimes. Criminal activity during the formative years, in most cases, lead to an adulthood of poor social relationships, economic vulnerability, abuse, addiction, and mental health issues to include post-traumatic stress disorder, depression and anxiety disorders (Covington, 2007).

In a study conducted by Kimonis, Skeem, Edens, Douglas, Lilien, and Poythress (2010) the researchers examined whether depression and anxiety, or internalizing, and substance use disorder and antisocial behavior, or externalizing, mediate abuse, suicidal and/or criminal behavior. The researchers found that substance use disorder and antisocial behavior, are fully mediated by childhood trauma and suicidal behavior and partially mediated by criminal behavior. However, this study did not support the notion that mental health issues mediate future recidivism. Wu, Schairer, Dellor, and Grella (2010) sampled male and female inmates admitted into residential substance use disorder treatment facilities with the aim of examining whether there is a higher prevalence of comorbid substance use disorders and mental health problems in adults with childhood traumatic events. The researchers found that those with childhood traumatic events were more susceptible for a number of adverse adult outcomes including; Post Traumatic Stress Disorder (PTSD), alcohol dependence, injection drug use, tobacco use, sex work, medical issues, and poor quality of life.

Min, Farkas, Minnes, and Singer (2007) conducted a study examining the relationship between childhood trauma and educational level and the employment of avoidant coping on substance and psychological issues. The researchers examined outcomes of 285 women with high-risk factors for drug use. Results concluded that childhood trauma was highly correlated with substance use disorder and psychological distress. Additionally, a low educational level was highly correlated to substance use disorder and not psychological distress. Avoidant coping, not only a predictor of long-term poor psychosocial adjustment, is related to high substance use disorder and psychological distress.

Kort-Butler (2009) conducted a study examining coping strategies, avoidant and approach, of adolescent males and females exposed to stress and vulnerability such as general

stress to include environmental factors, agentic stress to include violent victimizations, and communal stress to include trouble relating to others. Results of the study indicated that avoidant coping, typically used by adolescent females when dealing with stress, increased symptoms of depression as well as delinquent behaviors. In comparison, approach coping, typically employed by adolescent boys when dealing with stress, decreased delinquent behaviors for both adolescent boys and girls (Kort-Butler, 2009).

### **Supervising Female Offenders**

Historically, treatment services provided to offenders were mostly made available during incarceration (Lynch, Miller, Miller, Heindel, & Wood, 2012). Following the passing of the Second Chance Act, legislation promoting community corrections as opposed to incarceration for lower-level offenders, treatment services have shifted from detention centers to being offered in the community (Lynch et. al, 2012).

It is imperative that changes in supervising female offenders in the community be made in order to provide sufficient services to this rapid-growing population (Hall, Golder, Conley, & Sawning, 2013). Currently, female offenders are the fastest growing population in the criminal justice system that has provided services to predominantly male offenders. Much research has shown that interventions tailored for female offenders are needed to provide effective rehabilitation to the female offender (Hall et al., 2013; Lichtenwalter, Garase, & Baker, 2010; & Staton-Tindall, 2010).

In a 2013 study conducted by Hall, Golder, Conley, and Sawning, the researchers discussed the consequences experienced by female offenders involved in the criminal justice system following their participation in focus groups. Negative consequences exist when entering the criminal justice system such as employment barriers, affordable and safe housing, child and

family issues, and loss of public assistance. However, female offenders participating in this focus group reported that they gained behavioral health treatment after becoming involved in the criminal justice system. It was reported by the Substance Abuse and Mental Health Administration [SAMHSA] (1998) that less than 1% of all women in need of substance use disorder treatment actually receive it. Although treatment is not routinely available in the criminal justice system, it was more readily available during periods of incarceration or community supervision as opposed to in the community.

Lichtenwalter, Garase, and Barker (2010) examined the efficacy of 94 female offenders participating in the House of Healing program, a court-mandated, community-based residential program for female offenders who are in need of medical care, mental health care, and/or substance use disorder treatment. The House of Healing focuses on the reintegration into the community of these female offenders while assisting them with developing community-based relationships and reunification with their children. This 12-month program is designed to address the needs of female offenders as they deal with some of the common barriers that would prevent them from being fully successful in the community after a period of incarceration. Unlike male offenders, female offenders are faced with external barriers like parental coping skills, community support teams as well as common family experiences. House of Healing provided these offenders with such experiences as a means to help them navigate their reentry into the community. The researchers used logistic regression analysis to determine if there was a relationship between program completion and recidivism. The researchers found that 53% of the study participants had favorable discharges from the program either by successfully completing program requirements or through early discharges approved by the supervising officer. Forty-seven percent of the study participants were terminated from the program due to noncompliance

with program policy or absconding. The researchers report a statistical significance between the participant's reunification with dependent children and successful completion of the HOH program. In regard to reconvictions following discharge from HOH, between the years 1998 and 2006 57% were with and 43% were without reconvictions for any other crime (Lichtenwalter, Garase, & Barker, 2010). A limitation of this study would be generalizability of this study's participants to women in other areas.

According to Staton-Tindall, Duvall, McNees, Walker, and Leukefeld (2011) women are the fastest growing demographic population within the criminal justice system and substance use disorder appears to be the most common contributing factor for these women entering the criminal justice system. The researchers set out to explore the association between jail-based and prison-based substance use disorder treatments on treatment outcomes upon release. The researchers used multivariate logistic and linear regression analysis when examining the relationship between metro/non-metro status and jail/prison-based treatment on recidivism. Participant self-reported baseline prior to treatment was a limitation of this study. Re-incarceration within 12 months following release from incarceration was included as a treatment outcome measure. The results indicated that 80.5% of the study participants were able to remain arrest free following the release from incarceration (Staton-Tindall et al., 2011). Furthermore, there was no statistical difference between jail-based and prison-based treatment; however, non-metro female offenders were less likely to recidivate than metro female offenders. These results illustrate the need for early substance use disorder assessments and treatments for the female offender.

In a study conducted by Becker, Andel, Boaz, and Constantine (2011), the researchers reported that female offenders with mental health issues experienced fewer rearrests if they had



three or more visits to inpatient treatment or the emergency room. The researchers attributed the decreased likelihood of rearrests to the greater opportunity for criminal justice and mental health professionals to provide needed behavioral health services. Heilbrun, DeMatteo, Fretz, Erickson, Gerardi, and Halper (2008) reported that in addition to the increase of women entering the criminal justice system, the numbers of female offenders released into the community from incarceration are also rising. According to research, female offenders are more responsive to gender-specific treatment than male offenders about reducing drug use are. There is a lack of empirical research on gender-specific treatment on criminal recidivism outcomes (Heilbrun et al., 2008). The researchers compared rearrest rates of two groups of newly released female offenders assessed and found to be in need of residential substance use disorder treatment. The first study group participated in gender-specific treatment, designed to focus on the specific needs of the female offender such as parent-child relationships, trauma, domestic violence, mental health needs, employment, and education. The second study group received treatment not specific to gender typically afforded to both female and male offenders. Results of the study indicated that 6.3 percent of study participants afforded gender-specific treatments versus 12.4 percent of study participants assigned to treatment not specific to gender were rearrested within the first six months of release from prison (Heilbrun et al., 2008). Results of this study provide a strong argument for implementing gender-specific treatment as a condition of release to reduce recidivism.

Sacks, Sacks, McKendrick, Banks, Schoeneberger, Hamilton, Stommel, and Shoemaker (2008) explored differences about recidivism among female offenders afforded treatment through a therapeutic community treatment program and an intensive outpatient program. The therapeutic community treatment program meets the needs of female offenders versus the

intensive outpatient program designed as a standard program for both female and male offenders. Although, a six-month follow-up revealed a decrease in rearrests in both treatment groups as compared to the baseline, female offenders afforded therapeutic community treatment revealed significantly greater reductions in rearrests than those participating in the intensive outpatient program (Sacks et al., 2008).

### **Summary**

Chapter 2 consisted of a discussion on how behavioral health issues affect women. This study aimed to provide further information on the outcomes of female offenders with behavioral health issues in community corrections. In Chapter 3, I provide the methodological framework that used to solidify this research study. Chapter 3 will also contain a discussion on the sampling, data collection procedures, and the ethical considerations for the study.

## Chapter 3: Research Methods

### **Introduction**

This dissertation study was designed in part to address the paucity of information available about factors attributed to community supervision outcomes of female offenders with behavioral health issues. A better understanding of the specific needs of female offenders reintegrating back into society is necessary in order to adequately treat the female offender and stop the unprecedented number of female offenders entering the criminal justice system. This research study opened new venues of research in hopes to produce better outcomes for female offenders with behavioral health issues placed on community supervision.

### **Relevance of Research**

CSOSA supervises offenders that have been adjudicated in the Superior Court of the District of Columbia and sentenced to a period of probation, supervised release, or parole. Each year, about 15% of the approximately 9,000 new intakes are women, 85% of whom are sentenced to probation (CSOSA, 2013). This study's research questions were answered by using data contained within CSOSA's case management system, Supervision and Management Automated Record Tracking System (SMART). Data on whether these women have experienced some form of childhood trauma to include either one or a combination of sexual abuse, physical abuse, or psychological abuse was obtained from the risks and needs instrument, AUTO Screener, to answer the research questions. Furthermore, information on how many of these women also report having been diagnosed or treated for a mental disorder and report being the primary caregiver to their dependent child(ren) was obtained from SMART. Additionally, substance use disorder information was secured through SMART.

## Research Questions and Hypotheses

Several primary research questions and corresponding hypotheses guided this study:

- *Research question 1 (RQ1):* Is substance use (alcohol, marijuana, cocaine, opiates, and phencyclidine) by female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 1 (NH1):* Substance use by female offenders under community supervision is not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 1 (RH1):* Substance use by female offenders under community supervision is a predictor of unsuccessful supervision completion.
- *Research question 2 (RQ2):* Are delays in identifying female offenders under community supervision in need of substance use disorder services a predictor of unsuccessful supervision completion?
  - *Null hypothesis 2 (NH2):* Delays in identifying female offenders under community supervision in need of substance use disorder services are not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 2 (RH2):* Delays in identifying female offenders under community supervision in need of substance use disorder services are a predictor of unsuccessful supervision completion.
- *Research question 3 (RQ3):* Are mental health issues among female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 3 (NH3):* Mental health issues among female offenders under community supervision are not a predictor of unsuccessful supervision completion.

- *Research hypothesis 3 (RH3):* Mental health issues among female offenders under community supervision are a predictor of unsuccessful supervision completion.
- *Research question 4 (RQ4):* Are delays in identifying female offenders under community supervision in need of mental health services a predictor of unsuccessful supervision completion?
  - *Null hypothesis 4 (NH4):* Delays in identifying female offenders under community supervision in need of mental health services are not a predictor of unsuccessful supervision.
  - *Research hypothesis 4 (RH4):* Delays in identifying female offenders under community supervision in need of mental health services are a predictor of unsuccessful supervision completion.
- *Research question 5 (RQ5):* Is childhood trauma among female offenders under community supervision a predictor of unsuccessful supervision completion?
  - *Null hypothesis 5 (NH5):* Childhood trauma among female offenders under community supervision is not a predictor of unsuccessful supervision completion.
  - *Research hypothesis 5 (RH5):* Childhood trauma among female offenders under community supervision is a predictor of unsuccessful supervision completion.
- *Research question 6 (RQ6):* Are race, age, marital status, education, prior mental health and substance use disorder treatment histories, and primary caregiver status of dependent children among female offenders under community supervision predictors of unsuccessful supervision completion?

- *Null hypothesis 6 (NH6):* Race, age, marital status, education, prior mental health and substance use disorder treatment histories, and primary caregiver status of dependent children among female offenders under community supervision are not predictors of unsuccessful supervision completion.
- *Research hypothesis 6 (RH6):* Race, age, marital status, education, prior mental health and substance use disorder treatments, and primary caregiver status of dependent children among female offenders under community supervision are predictors of unsuccessful supervision completion.

### **Data**

This study examined data concerning women processed for intake through CSOSA's system during Fiscal Year 2010 who had at least a 12-month community supervision obligation. The study used secondary data from CSOSA's administrative records and proceeded following receipt of approval to begin research from the Walden University Institutional Review Board (#09-19-14-0178928). Supervision officers are required to enter all supervision transactions that take place with the offender in CSOSA's case management system. Every transaction between an agent of CSOSA and an offender under supervision at any point during the existence of the agency is captured in SMART, including historical and contemporary information. For example, office visits, field visits, home visits, program participation, drug test results, changes in supervision level, and interactions with collateral contacts are all examples of the types of transactions captured in SMART. Every transaction is recorded with a time and date stamp and is entered within 24 hours.

CSOSA utilizes an initial risks and needs assessment system, AUTO Screener. This system was developed to gain offender information deemed necessary for successful completion

of supervision. Per CSOSA policy, if the judicial officer orders a Pre-Sentence Investigation Report to assist with appropriate sentencing, administration of AUTO Screener should not take place more than 6 months prior to the supervision start date due to the changes in offenders' situation that can take place during such a long period. This study utilized the AUTO Screener associated with the supervision term.

### **Ethical Considerations**

CSOSA and Pretrial Services Agency for the District of Columbia (PSA) have a research review committee responsible for reviewing agency and non-agency research using CSOSA and/or PSA data. The review committee forwarded recommendations to the Director of the appropriate agency in support of this research, which was ultimately approved by the Director on August 13, 2014.

Throughout this study, I took effort and care in maintaining confidentiality and anonymity of all study participant's archival dataset records in accordance with CSOSA/PSA policy. For this research project, I received de-identified offender level data containing the information in the research data mentioned above. At CSOSA/PSA's discretion, some of the data provided were simply proxy indicators for the specific data that I had requested. At no time was any personally identifiable information collected and all of the data that was received was coded and password-protected. No compensation or punishment was granted for participation in this research study.

Each female offender was provided with an anonymous numerical offender identification that relates to various modules within the community supervision case management system, SMART. I utilized this identification number to extract data from SMART that corresponded with the identification number in AUTO Screener. This approach allowed me to answer research

questions within the strict parameters of the federal privacy act. The items described in the research data were considered the desired data elements outlined for discussion with CSOSA/PSA's Research Review Committee (RRC).

For security, data were placed on a password protected Microsoft Excel file and was provided to me on an encrypted Universal Serial Bus (USB) device. I will maintain the stored password-protected data for five years following this study.

### **AUTO Screener**

In 2006, there was the development of AUTO Screener, a fourth generational instrument for administration on offenders under CSOSA supervision. AUTO Screener is an actuarial instrument, used to collect offender risks, and needs information and produce a quantifiable recommendation about the level of supervision and supervision needs (Coggeshall, 2013). Through 2008, rigorous testing for validity and reliability resulted in many upgrades. The entire agency began using the AUTO Screener in 2011. Comparable to Compos, the Level of Service Inventory-Revised Assessment (LSI-R), and the Wisconsin Client Management Classification System, AUTO Screener assesses an offender's risks and needs about recidivism.

AUTO Screener is a risks and needs assessment tool consisting of over 300 questions regarding substance use disorder, community supervision history, education, employment, community support, and physical/mental health (Coggeshall, 2013). Administration of AUTO Screener takes place during offender reentry planning, shortly after the start of supervision, and every six months after that. Through AUTO Screener, analysis of SMART data using statistical methods determines multiple dimensions of the offender's risk; the risk score then determines the supervision level.



AUTO Screener consists of two service levels inventories, Supervision Level Inventory and Needs and Services Level Inventory. Additionally, the division of the Supervision Level Inventory and the Needs and Services Level Inventory facilitates further modules presented in several, adaptive questionnaire elements.

The Supervision Level Inventory divides into seven modules that delve into the education, community support/social networking, residence, employment, criminal history, victimization, and supervision, pre-release and institutional violations, and failures. Through the Supervision Level Inventory, the researcher extracted data from the education, community support social networking, and victimization modules. The education module provided information on highest progression in school, current educational or vocational program status, and any experienced learning challenges. Community support/social networking module explored with whom the offender come into regular contact and can provide information on primary caregiver of dependent children status. The victimization module provided information on any sexual abuse/molestation, physical abuse, and/or psychological abuse during the offender's childhood.

The five modules within the Needs and Services Level Inventory consist of substance use disorder history, mental health, physical health and disability, leisure time, and attitude and motivation. Through the Needs and Services Level Inventory, the researcher extracted data from the substance use disorder history and mental health modules. From the substance use disorder history module, the researcher accessed information on drug of choice, age at first drug use, length of drug use, number of positive drug tests in the past six months, and any other substance use disorder treatments in the past six months. The mental health module supplied the researcher with mental health information on currently prescribed medication for emotional problems,

participation in mental health treatment programs, receipt of treatment for a mental condition within the past six months, hospitalizations within the past six months, diagnosis of a mental disorder.

### **Population and Sample**

The population used for this study was female offenders on probation, supervised release, and/or parole assigned to CSOSA's treatment and General Supervision branches. Each of the 13 teams of the treatment branch specializes in providing supervision services to male and female offenders with mental health and/or substance use disorder needs, historical or current. The 18 teams of the General Supervision branches provide community supervision to the majority of the District of Columbia's male and female offender populations. The population used for this study included all CSOSA's female offenders sentenced to a period of incarceration and those sentenced directly to community supervision. A few study participants from the archival dataset on probation, supervised release, or parole had dual or all three community supervision statuses because they were serving separate probation, supervised release, and parole sentences concurrently. This study's final archival dataset was pulled from 1,085 female offenders assigned to the treatment and general supervision branches. I used data from all female offenders assigned to these branches. When employing logistic regression, an alpha level of .05, power of analysis of .95. When examining the supervision outcomes of 1,085 female offenders, an effect size of .02 is an appropriate power (Tabachnik & Fidell, 1996).

### **Dependent Variables**

In this study, the dependent variables were identified by their high association with supervision failures. Supervision failures are cases that are often closed subsequent to rearrests,

revoked to incarceration, revoked unsatisfactorily, and monitored confined. Therefore, these four variables served as the dependent variables for this study.

This study examined rearrests among female offenders. Rearrests were characterized by any contact with law enforcement that resulted in the detention of the offender. Rearrest data was collected with the use of the running record module located in SMART. If a rearrest occurred within the follow-up period, it was coded as “1” or else “0”. Revocation to incarceration was characterized by any action taken by a judicial officer or other releasing authority that led to the withdrawal of release conditions and the enforcement of part or the entire originally suspended sentence. Revoked unsatisfactorily is similar to revoked to incarceration in the absence of receiving a sentence. Monitored confined occurred when a judicial officer or releasing authority revoked an offender’s release conditions and enforced part or all of the originally suspended sentence followed by another period of probation, supervised release, or parole.

Upon placement in community supervision, the judicial officer or releasing authority applied conditions in which they reasonably expected the offender to comply in an attempt to adjust appropriately in the community as well as to protect public safety. On occasion, supervising officers requested a revocation hearing when they did not feel there was any condition or combination of conditions that the offender would follow, or that would ensure public safety. Once at the revocation hearing, the judicial officer or releasing authority made determinations as to whether the offender was able to comply with the set release conditions, if public safety was at risk, and if not, what further action would be taken. Revocation to incarceration, revocation unsatisfactorily, and monitored confined data were all obtained via the SMART supervision status table (supervision type code) where the supervision type code,

revocation (revoked unsatisfactorily), or revocation to incarceration, during the follow-up period were coded as “1” or else “0”.

### **Independent Variables**

In consideration of the factors that lead to poor community supervision outcomes of female offenders, the study examined the following independent variables: childhood trauma, substance use disorder issues, prior mental health treatment, and prior substance use disorder treatment. Age, marital status, education, and primary caregiver of dependent children served as socio-demographic variables. The relational theory and Maslow’s hierarchy of needs theory provided an understanding of female offender criminality, when examining behavioral health needs and socio-demographic factors as predictors of unsuccessful completion of community supervision.

This study examined female offenders assigned to both mental health and general supervision units to gain a better understanding of the revocation to incarceration patterns in this population. Behavioral health issues, for the purposes of this study, were childhood trauma, substance use disorder, and mental health issues. Control variables, age, race, marital status, education, and primary caregiver of dependent children determined whether the behavioral health issues were related to supervision outcomes beyond the effects of the control variables.

The self-disclosure of female offenders identified the presence childhood trauma. During the risks and needs assessment phase, female offenders gave reports of experiencing sexual, physical, and/or psychological abuse as a child. Data for this study regarding childhood trauma was collected through this means. The victimization module in AUTO Screener assisted in identifying data relating to childhood trauma. Three variables were addressed collectively in this

study, sexual abuse/molestation, physical abuse, and psychological abuse, where code “1” was used if abuse had occurred or else coded as “0”.

In this study, the self-report of female offenders facilitated the identification of mental health issues. Information regarding being prescribed psychotropic medications, being evaluated for or receiving a mental health diagnosis, currently in a mental health treatment program, and/or ever being treated or hospitalized with a mental disorder were collected. The type of mental health diagnosis was not a part of the examination, as long as the above criteria were met. Mental health issues data was obtained from the mental health module located in AUTO Screener. I addressed four variables collectively: being prescribed psychotropic medications, ever being evaluated for or receiving a mental health diagnosis, currently in a mental health treatment program, and ever being treated or hospitalized with a mental disorder, where code “1” was used if one or more of the three variables apply or else coded as “0”.

Delays in identifying female offenders in need of mental health treatment, for the purposes of this study, were mental health assessments that occurred 30 days or more after the start of community supervision. Following the determination of those offenders coded as “1” for having a mental health issue, I used this sample in determining the length of time in days between the start date of the supervision period and the completion date of the mental health evaluation. Storage of data in regards to mental health evaluation completion took place in the treatment module located in SMART and was recorded under mental health treatment evaluation completed.

In this study, substance use disorder issues were characterized by the presence of one or more positive toxicology readings for the following five substances: cocaine, phencyclidine, marijuana, opiates, and alcohol. Drug screenings were accessed directly from SMART to

facilitate the data analysis where “1” represented one or more positive toxicology screenings during the follow-up period or else represented by “0”.

In this study, a substance assessment that had occurred 30 days or more after the start of community supervision described delays in identifying female offenders in need of substance use disorder treatment. After the determination of those offenders coded as “1” for having a substance use disorder issue, I used this sample to determine the length of time in days between the start date of the supervision period and the substance use disorder evaluation completion date. Collection of substance use disorder evaluation completion data were collected from the treatment module located in SMART and recorded under substance use disorder treatment evaluation completed.

Age, race, marital status, education, prior mental health and substance use disorder treatments, and primary caregiver of dependent children status were also examined in this study. Age was obtained from the SMART demographic table. The difference between the birth month and year and the start date of the supervision period provided the age of each female offender. The SMART demographic table using offender ethnicity facilitated the collection of race data as well. The SMART demographic table or the community support/social networking module located in AUTO Screener facilitated the collection of marital status data. Education data was obtained from the education module located in AUTO Screener using number of years of school completed. Collection of data concerning prior mental health and substance use disorder treatments derived from AUTO Screener’s mental health and substance use disorder modules using have you ever been treated and/or hospitalized for a psychiatric condition to determine prior mental health treatment and prior treatment to determine prior substance use disorder treatment. Primary caregiver of dependent children status was obtained through the community

support/social networking module located in AUTO Screener when the offender indicated having a child under the age of 18.

### **Research Design and Rationale**

This quantitative study employed hierarchical logistic regression model to examine dependent variables; rearrests and supervision cases closed with a status of revoked to incarceration and revoked unsatisfactorily. Hierarchical logistic regression model assessed each increase or decrease of the log odds of the dependent variable as influenced by the independent variable. The hierarchical logistic regression model determined the impact of selected independent variables; childhood trauma, substance use disorder, prior mental health treatment, and prior substance use disorder treatment on the probability of a state change in the dependent variable. The Statistical Package for the Social Sciences (SPSS) facilitated the data analysis portion of the study.

Additionally, a base model was employed with each behavioral health issue: childhood trauma, substance use disorder, prior mental health treatment, and prior substance use disorder treatment. In this study, variables in *RQ6* were tested using hierarchal logistic regression procedures performed by the statistical program SPSS using predictors: age, race, education, marital status, and primary car-giver of dependent children status. The base model provided information on whether independent variables provided a state change when introducing control variables first.

### **Threats to Validity**

The non-randomization of this study presented as a limitation. Due to non-randomization, differences in the characteristics of female offenders may better account for differences in study outcomes. In addition, the utilization of a non-random population may not

have translated to other populations. For example, this study's results may not translate to other geographical areas such as rural and suburban areas.

Inclusion of both female offenders who have served a period of incarceration prior to the placement on community supervision and those who began community supervision without serving any time presented as a threat to validity. According to Baber (2010), offenders entering community supervision following incarceration account for 26 percent of all offenders rearrested for a violent crime within three years of their release, whereas offenders placed directly on community supervision account for 20 percent of those rearrested for a violent crime, during the same period. Recidivism rates for female offenders incarcerated may differ from those female offenders not incarcerated prior to community supervision.

Given CSOSA's focus on partnership activities, variability and the implementation of those activities by police districts do not have controls for police crackdowns and enforcement may present another confounding effect. Variations in the styles of supervision officers, the data entry practices, and random assignment biases in who is assigned to one unit versus another unit may have also presented a confounding affect. Additionally, because CSOSA does not provide behavioral health services, only facilitates the connection with behavioral health services, this study was not be able to account for the differences in the treatment quality of collaborative treatment programs.

As with every study, variables that are not present in this study may have an impact on the level change or state change in the dependent variable and may have been systematically associated with one of the observed independent variables.

In Chapter 3, I provided an understanding of the sample and population, a description of the independent, dependent, and control variables, the research design rationale, and how I plan



to maintain ethical compliance. In Chapter 4, I provide results of this study using table and graphs.

## Chapter 4: Results

### Introduction

This chapter will begin with an introduction to the study, research questions, and corresponding hypotheses. Data collection and the demographics of the participants from the archival dataset will follow. Then, results of the study and summary will be presented.

This quantitative study was designed to examine potentially predictive factors for community supervision failures among female offenders on probation, supervised release, and/or parole. The purpose of this study was to examine the supervision completion outcomes of female offenders entering the criminal justice system. Historically, the criminal justice system in the United States has implemented treatments and interventions that were developed for male offenders (Van der Knaap, Alberda, Oosterveld, & Born, 2012). The relational theory and Maslow's hierarchy of needs served as this study's theoretical foundations in its examination of female offenders placed on probation, supervised release, and/or parole. These theories were chosen because of their emphasis on empowerment and building personal strengths to elicit change despite past and present barriers (Kerr, 1998).

Through all the information collected from SMART and Auto Screener, the researcher answered the following research questions:

- *Research question 1 (RQ1):* Is substance use (alcohol, marijuana, cocaine, opiates, and phencyclidine) among female offenders under community supervision a predictor of unsuccessful supervision completion?
- *Research question 2(RQ2):* Are delays in identifying female offenders under community supervision in need of substance use disorder services a predictor of unsuccessful supervision completion?

- *Research question 3(RQ3):* Are mental health issues among female offenders under community supervision a predictor of unsuccessful supervision completion?
- *Research question 4(RQ4):* Are delays in identifying female offenders under community supervision in need of mental health services a predictor of unsuccessful supervision completion?
- *Research question 5(RQ5):* Is childhood trauma among female offenders under community supervision a predictor of unsuccessful supervision completion?
- *Research question 6 (RQ6):* Are race, age, marital status, education, prior mental health and substance use disorder treatment histories, and primary caregiver status of dependent children among female offenders under community supervision predictors of unsuccessful supervision completion?

### **Data Collection**

Approval for use of archival records was requested from CSOSA. The desired archival data was captured from CSOSA's case management system, (SMART), and the risks and needs assessment, Auto Screener. After receiving approval on August 13, 2014, I was provided with a password-protected disk containing comma separated value files for 1,449 supervision records located in SMART and Auto Screener.

Prior to analysis, I cleaned the data for redundant, invalid, or incomplete data. Archival records whose supervision periods were not matriculated in Fiscal Year 2010 (October 1, 2009-September 30, 2010) were removed from the dataset. If archival records indicated more than one offense resulting in community supervision during Fiscal Year 2010, the first supervision period was retained, and the others dropped from the dataset. Data on female offenders missing at least one independent or dependent variable were also removed from the dataset. Additionally, data on

female offenders with any observed recording errors (e.g., an entry indicating that an offender was two years of age) were removed from the dataset. My initial goal was to obtain a final dataset of approximately 1,700-2,200 female offenders. I ultimately received data for all 1,449 female offenders who had been placed on probation, supervised release, and/or parole under the jurisdiction of CSOSA. However, after a final audit, the total number of participants from the archival dataset used in this study was reduced to 1,085 (see Table 1).

Due to unanticipated data unavailability in CSOSA's AUTO Screener and case management system about evaluations and connections to substance use disorder and mental health treatments, this study was unable to address the proposed *RQ2* and *RQ4*. Additionally, data used to characterize mental health issues were also unavailable; therefore, this study was also unable to address *RQ3*. However, this study was able to address *RQ6* about receiving substance use disorder and mental health treatments, prior to the community supervision period investigated in this study.

This study's non-probability sampling was a limitation due to characteristic differences of female offenders from the archival dataset used possibly being better accounted for by differences in study outcomes. Additionally, the utilization of a non-probability archival dataset population may not have generalizability to other female offender populations. For example, the findings of this study may not be generalizable to rural, suburban, or local jurisdictions providing community supervision.

## **Results**

### **Frequencies and Percentages**

The final archival dataset included data for offenders ranging in age from 18 to 79 years. The mean age was 37.50 (11.58) years' old, and the median age was 37 years' old. Of those

participants from the archival dataset that completed community supervision successfully, the mean age was 39.33 (11.34) years' old, and the median age was 39 years' old. Of those participants from the archival dataset that completed community supervision unsuccessfully, the mean age was 38.12 (11.55) years' old, and the median was 35 years' old.

Education levels indicated within the total dataset ranged from 0 to 25 years of education. The mean education level was 11.52 (2.43) years of education, and the median was 12 years of education. Of those participants from the archival dataset that completed community supervision successfully, the mean years of education was 11.70 (2.45), and the median years of education was 12. Of those participants from the archival dataset that completed community supervision unsuccessfully, the mean years of education was 11.67 (2.37), and the median education in years was 12.

Within the total archival dataset, 75.6% were described as single (never married, divorced, widowed), and 24.4% were described as not single (married or cohabitating). Of those participants from the archival dataset that completed community supervision successfully, 74.4% were described as single, and 25.6% were described as not single. Of those participants from the archival dataset that completed community supervision unsuccessfully, 80.7% were described as single, and 19.3% were described as not single.

Within the total archival dataset, 87.3% were described as Black (Black Not-Hispanic) and 12.7% were described as not Black (American-Indian Alaskan Native, Asian, Native Hawaiian Pacific Islander, Hispanic, White Not-Hispanic, and Other). Of those participants from the archival dataset that completed community supervision successfully, 86.7% were described as Black, and 13.3% were described as not Black. Of those participants from the

archival dataset that completed community supervision unsuccessfully, 90.2% were described as Black, and 9.8% were described as not Black.

Within the total archival dataset, 23% were described as primary caregivers for dependent children (provides primary care for one or more dependent children) and 77% were described as not primary caregivers for dependent children (one or more dependent children receives primary care from another source). Of those participants from the archival dataset that completed community supervision successfully, 23.9% were described as primary caregivers for dependent children and 76.1% were described as not primary caregivers for dependent children. Of those participants from the archival dataset that completed community supervision unsuccessfully, 19.3% were described as primary caregivers of dependent children and 80.7% were described as not primary caregivers for dependent children.

Within the total archival dataset, 67.2% were described by the data provided as testing positive at one or more drug screenings during the community supervision period and 32.8% were described as not testing positive at one or more drug screenings during the community supervision period. Of those participants from the archival dataset that completed community supervision successfully, 65.7% were described as testing positive at one or more drug screenings during the community supervision period and 34.3% were described as not testing positive at one or more drug screenings during the community supervision period. Of those participants from the archival dataset that completed community supervision unsuccessfully, 73.6% were described as testing positive at one or more drug screenings during the community supervision period and 26.4% were described as not testing positive at one or more drug screenings during the community supervision period.

Within the total archival dataset, 40.8% were described by the data provided as receiving prior substance use disorder treatment, and 59.2% were described as not receiving prior substance abuse treatment. Of those participants from the archival dataset that completed community supervision successfully, 39.5% were described as receiving prior substance use disorder treatment, and 60.5% were described as not receiving prior substance use disorder treatment. Of those participants from the archival dataset that completed community supervision unsuccessfully, 46.1% were described as received prior substance use disorder treatment, and 53.9% were described as not receiving substance use disorder treatment.

Within the total archival dataset, 33.7% were described by the data provided as receiving prior mental health treatment, and 66.3% were described as not receiving prior mental health treatment. Of those participants from the archival dataset that completed community supervision successfully, 32.5% were described as receiving prior mental health treatment, and 67.5% were described as not receiving prior mental health treatment. Of those participants from the archival dataset that completed community supervision unsuccessfully, 38.6% were described as receiving prior mental health treatment, and 61.4% were described as not receiving prior mental health treatment.

Within the total archival dataset, 40.9% were described by the data provided as experiencing childhood trauma, and 59.1% were described as not experiencing childhood trauma. Of those participants from the archival dataset that completed community supervision successfully, 41.4% were described as experiencing childhood trauma, and 58.6% were described as not experiencing childhood trauma. Of those participants from the archival dataset that completed community supervision unsuccessfully, 39% were described as experiencing childhood trauma, and 61% were described as not experiencing childhood trauma.

Table 1

*Inclusion Data Summary*

Selected Cases	<i>n</i>	Percent
Included in Analysis	1,085	74.9
Missing Cases	364	25.1
Total	1,449	100.0

The demographic information pertaining to this study's final archival dataset is noted in Table 2. Of the 1,085 study participants from the final archival dataset, 865 were able to successfully complete community supervision and 220 completed community supervision unsuccessfully (see Table 3).

Table 2

*Demographics of Participants From the Archival Dataset (n = 1,085)*

Variables	Unsuccessful Completion	<i>n</i>
Childhood Trauma	No	779
	Yes	306
Black	No	128
	Yes	957
Primary Caregiver to Dependent Child	No	781
	Yes	304
Positive Drug Test	No	267
	Yes	818
Mental Health History	No	641
	Yes	444
Substance Use Disorder History	No	547
	Yes	538
Single	No	265
	Yes	820



Table 3

*Classification of Unsuccessful Supervision Completion Summary*

Observed	Unsuccessful Completion	Predicted		% Correct
		Unsuccessful Supervision	Completion	
		No	Yes	
Unsuccessful Supervision	No	865	0	100.0
Completion	Yes	220	0	.0
Overall Percentage				79.7

**Preliminary Analysis**

In this study's final dataset, there were 364 missing community supervision outcomes (unsuccessful or successful supervision completion) from the obtained archival dataset. The final dataset was screened, using an independent samples t-test and chi-square tests, for systematic patterns in the omitted cases by primary caregiver to dependent children status, education in years, substance use, prior mental health treatment, prior substance use disorder treatment, and childhood trauma and found that there were none. However, when looking at the differences of those participants from the final archival dataset without community supervision completion data, they were all described as Black and single. This study illustrated the predominance of Black and single participants from the obtained archival dataset; therefore, this was not an issue. Withstanding what is known about the demographics of this population, there is no reason to believe that these omitted cases would differ from the dataset being examined in this study. There were no missing community supervision completion outcomes concerning age. Comparisons of the included and omitted datasets are illustrated in Appendix A.

Logistic regression provides a similar analysis to multiple regressions. However, logistic regression is used when attempting to predict membership into one of the two groups,

unsuccessful or successful supervision completions (George & Mallery, 2000). There are many benefits to employing logistic regression. Unlike similar analyses, the researcher is not required to make assumptions concerning distributions of the independent variables when utilizing logistic regression (Tabachnik & Fidell, 1996). Additionally, negative prediction probabilities are not produced when using logistic regression.

Prior to performing a three-level hierarchical logistic regression, the required and relevant assumptions of this statistical analysis were tested. Firstly, a sample size of 1,085 was deemed adequate given nine independent variables to be included in this analysis. Secondly, the independent variables used in this study are a combination of continuous and categorical and the dependent variable is dichotomous.

A hierarchical logistic regression analysis was performed to examine the effects of age, race, marital status, education, primary caregiver of dependent children status, substance use, mental health and substance use disorder treatment histories, and childhood trauma on the likelihood that participants from the archival dataset will unsuccessfully complete community supervision. A hierarchical logistic regression was employed over a conventional logistic regression, as the latter method tends to boost the statistical significance of the variables being measured in which false inferences may be drawn (Austin, Tu, & Alter, 2003). An alpha level of .05 was used in all models.

Current research indicates that female offenders are increasing their presence in the criminal justice system at alarming rates. Furthermore, demographic variables such as age, race, and employment have been established as factors that contribute to community supervision outcomes (Cauffman, 2008 & Covington, 2007). In this regression, demographic variables age, race, and education in years were introduced in the first model. Then, primary caregiver of

dependent children and marital status were introduced in the second model. Variables that were the primary predictors of interest--substance use, childhood trauma, prior mental health treatment, and prior substance use disorder treatment--were added to the model last to see if they were able to predict unsuccessful completion of community supervision beyond the effect of the demographic control variables.

### **Hierarchical Logistic Regression**

Age, race, and education in years were introduced first into the hierarchical logistic regression model and the full model was found to be statistically significant,  $\chi^2(3) = 7.96, p < .05$ . Based on the Nagelkerke pseudo  $R^2$ , the model explained 1.2% of the variance in unsuccessful completion of community supervision and correctly classified 79.7% of cases. Sensitivity was 0%, specificity was 100%, positive predictive value was 0% and negative predictive value was 79.7%. The percentages suggest that the hierarchical logistic regression model was under-predicting unsuccessful completion of supervision. Therefore, caution should be taken in the interpretation of the results. The Hosmer and Lemeshow goodness to fit test is not statistically significant ( $p = .679$ ), indicating that the model is not a poor fit. Of these three variables, only age was statistically significant when predicting community supervision outcomes.

Research question 6 examined the likelihood of unsuccessful completion of community supervision with the presence of demographic variables such as age, race, and years of education. Results of the first level hierarchical logistic regression model showed that age was a statistically significant predictor,  $B = -.02, p = .014, 95\% \text{ CI} = [.90, 1.00]$ . Results of the first level hierarchical logistic regression model showed that race was not a significant predictor,  $B =$

.29,  $p = .251$ , [0.82, 2.17]. Results of the first level hierarchical logistic regression model showed that years of education was not a significant predictor,  $B = -.03$ ,  $p = .295$ , [.91, 1.03].

As indicated in Table 4, age was statistically significant ( $p = .014$ ) when predicting unsuccessful completion of community supervision. As the age of participants from the archival data decreased the likelihood of unsuccessfully completing community supervision increased by .99. Race and years of education were not statistically significant.

Table 4

*Results for Hierarchical Logistic Regression with Demographic Variables Predicting Unsuccessful Completion of Supervision*

	Variable	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	<i>p</i>	Exp( <i>B</i> )	95% CI
1 <sup>st</sup> Model	Education	-.03	.03	1.10	1	.295	.97	[.91, 1.03]
	Race	.29	.25	1.32	1	.251	1.33	[.82, 2.17]
	Age	-.02	.01	6.03	1	.014	.98	[.90, 1.00]
	Constant	-1.62	.50	1.58	1	.209	.54	

Next, marital status and primary caregiver of dependent children were introduced into the second level hierarchical logistic regression model. The full hierarchical logistic regression model was found to be statistically significant,  $\chi^2(5) = 18.39$ ,  $p < .05$ . Based on the Nagelkerke pseudo  $R^2$ , the model explained 2.6% of the variance in unsuccessful completion of community supervision and correctly classified 79.7% of cases. Sensitivity was 0%, specificity was 100%, positive predictive value was 0% and negative predictive value was 79.7%. The percentages suggest that the hierarchical logistic regression model was under-predicting unsuccessful completion of supervision. Therefore, caution should be taken in the interpretation of the results. The Hosmer and Lemeshow goodness to fit test is not statistically significant ( $p = .464$ ), indicating that the model is not a poor fit. In regard to marital status and primary caregiver of

dependent children, both were statistically significant when predicting community supervision outcomes.

Research question 6 examined the likelihood of unsuccessful completion of community supervision with marital status and the status of primary caregiver of dependent children. Results of the hierarchical logistic regression model showed that marital status was a significant predictor of unsuccessful completion of community supervision,  $B = -.41$ ,  $p = .038$ , 95% CI = [1.02, 2.24]. Results of the hierarchical logistic regression model showed that primary caregiver of dependent children status was a significant predictor of unsuccessful completion of community supervision,  $B = -.45$ ,  $p = .014$ , [0.45, .91].

As shown in Table 5, participants from the archival dataset that were single showed a statistical significance ( $p = .038$ ) when predicting outcomes of unsuccessful completion of community supervision. Those participants from the archival dataset that were single had a 1.51 times greater likelihood of unsuccessfully completing community supervision than female offenders who were not single. Participants from the archival dataset that were the primary caregiver of dependent children showed statistical significance ( $p = .014$ ) when predicting unsuccessful completion of community supervision. Those participants from the archival dataset that were not primary caregivers of dependent children had .64 times of a greater likelihood of unsuccessfully completing community supervision than female offenders who were primary caregivers of dependent children.

When introducing control variables into the second level of this hierarchical regression, age  $B = -.02$ ,  $p = .032$ , 95% CI = [0.97, 1.00] remained statistically significant accounting for .98 times greater likelihood of unsuccessfully completing community supervision. Race and education in years were not statistically significant (Table 5).

Table 5

*Results for Hierarchical Logistic Regression with Demographic Variables and Relational Variables Predicting Unsuccessful Completion of Supervision*

	Variable	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	<i>p</i>	Exp(B)	95% CI
2 <sup>nd</sup> Model	Age	-.02	.01	4.57	1	.032	.99	[.97, 1.00]
	Race	.21	.25	.69	1	.408	1.23	[.75, 2.03]
	Education	-.03	.03	1.02	1	.313	.97	[.91, 1.03]
	Marital Status	.41	.20	4.29	1	.014	.64	[1.02, 2.24]
	Primary Caregiver	-.45	.18	6.07	1	.014	.64	[.45, .91]
	Constant	-.84	.54	2.38	1	.123	.43	

The final group that was introduced in this hierarchical logistic regression model was substance use, prior mental health treatment, prior substance use disorder treatment, and childhood trauma. This model was found to be statistically significant,  $\chi^2(9) = 20.21, p < .05$ . Based on the Nagelkerke pseudo  $R^2$ , the model explained 2.9% of the variance in unsuccessful completion of community supervision and correctly classified 79.7% of cases. Sensitivity was 0%, specificity was 100%, positive predictive value was 0% and negative predictive value was 79.7%. The percentages suggest that the hierarchical logistic regression model was under-predicting unsuccessful completion of supervision. Therefore, caution should be taken in the interpretation of the results. The Hosmer and Lemeshow goodness to fit test is not statistically significant ( $p = .817$ ), indicating that the model is not a poor fit.

Research question 1 examined the likelihood of unsuccessful completion of community supervision with the presence of substance use among female offenders. Results of the hierarchical logistic regression model showed that substance use was not a significant predictor of community supervision outcome,  $B = 0.04, p = .822, 95\% CI = [0.72, 1.52]$ .

Research question 5 examined the likelihood of unsuccessful completion of community supervision with the presence of childhood trauma among female offenders. Results of the

hierarchical logistic regression model showed that childhood trauma was not a significant predictor of community supervision outcome,  $B = -0.05$ ,  $p = .794$ , 95% CI = [0.66, 1.37]. These results suggest that childhood trauma had no impact on unsuccessful completion of community supervision.

Research question 6 examined the likelihood of unsuccessful completion of community supervision with the presence of prior mental health and substance use disorder treatments. Results of the hierarchical logistic regression model showed that prior substance use disorder treatment was not a significant predictor of community supervision outcome,  $B = .11$ ,  $p = .536$ , 95% CI = [0.79, 1.57]. Results of the hierarchical logistic regression model showed that prior mental health treatment was not a significant predictor of community supervision outcome,  $B = .16$ ,  $p = .364$ , [0.83, 1.67].

When introducing substance use, prior mental health treatment, prior substance use disorder treatment, and childhood trauma to this third level hierarchical logistic regression model there was no statistical significance found. However, age  $B = -.02$ ,  $p = .018$ , 95% CI = [0.97, 1.00], marital status  $B = .41$ ,  $p = .039$ , [1.02, 2.24], and being the primary caregiver to dependent children  $B = -.39$ ,  $p = .038$ , [0.47, 0.98] remained statistically significant when predicting unsuccessful completion of community supervision--accounting for .98, 1.51, and .68 times greater likelihood for unsuccessfully completing community supervision, respectively (as shown in Table 6).

Table 6

*Results for Hierarchical Logistic Regression with Demographic Variables, Relational Variables, and Behavioral Health Issues Predicting Unsuccessful Completion of Supervision*

	Variable	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	<i>p</i>	Exp(B)	95% CI
3 <sup>rd</sup> Model	Age	-.02	.01	5.57	1	.018	.98	[.97, 1.00]
	Race	.21	.25	.64	1	.424	1.23	[.75, 2.02]
	Education	-.02	.03	.52	1	.471	.98	[.92, 2.24]
	Marital Status	.41	.20	4.27	1	.039	1.51	[1.02, 2.24]
	Primary Caregiver	-.39	.19	4.29	1	.038	.68	[.47, .98]
	SUD History	.11	.18	.38	1	.536	1.11	[.79, 1.57]
	Mental Health History	.16	.18	.83	1	.364	1.18	[.83, 1.67]
	Childhood Trauma	-.049	.186	.07	1	.794	.95	[.67, 1.37]
	SUD	.043	.193	.05	1	.822	1.04	[.72, 1.52]
	Constant	-1.009	.572	3.12	1	.077	.36	

### Summary

From the results of this study, I was able to identify factors that contribute to community supervision failure. Of the 1,085 female offenders examined, the female offenders that were younger in age, single, and not providing primary caregiving to dependent children had an increased likelihood of unsuccessfully completing community supervision.

In Chapter 4, I provided the results of this study including the predictors of unsuccessful completion of community supervision. In Chapter 5, I present an interpretation of the findings related to the research questions and theoretical framework examined in this study. Limitations, recommendations for future studies, implications for positive social change, and conclusion of this study are also presented.



## Chapter 5: Conclusion

### **Introduction**

The purpose of this study was to examine the community supervision outcomes of female offenders in the United States on probation, supervised release, and/or parole that had experienced behavioral health issues. The behavioral health issues tracked in this study included childhood trauma, substance use disorder, and mental health issues. The study was designed in part to address the research gap of limited research regarding the unique factors that challenge female offenders entering the U.S. criminal justice system. At the time of the study, there was also limited research on how these challenges affect the outcomes of female offenders' probation, supervised release, and/or parole.

This quantitative study employed hierarchical logistic regression analysis of archival data to determine if the behavioral health issues of interest were statistically significant in predicting community supervision outcomes. The investigation was designed to examine these associations above and beyond factors such as age, race, marital status, education, and primary caregiver of dependent children status. The results of the study indicated that female offenders who were younger, not married, and not primary caregivers of dependent children were more likely to complete community supervision unsuccessfully than other offenders. The findings of this study illustrate a significant need for transitional services directed toward the specific needs of female offenders such as housing, childcare, and parenting programs.

### **Interpretation of the Findings**

The findings of this study did not fully support what current literature reveals about the statistical significance of behavioral health issues among female offenders in the criminal justice system. However, the findings of this study showed an increased probability of supervision

failure when a behavioral health issue such as substance use disorder, prior treatments for substance use disorder, or a mental health issue was present.

The study results confirmed that female offenders are faced with unique factors that do not significantly affect their male counterparts. These factors significantly influence the outcomes of their community supervision, and include age, marital status, and primary caregiver of dependent children status. Notably, the findings of this study suggest that female offenders who were not married were 1.51 times as likely to incur a supervision failure than female offenders who were married. Female offenders who were not primary caregivers of dependent children were only .68 times as likely to incur a supervision failure as female offenders who were primary caregivers of dependent children. Additionally, as female offenders' age decreases, the likelihood of experiencing a supervision failure increases by .98.

The relational theory posits that women place great emphasis on fostering interpersonal relationships as this is how they identify and see themselves in the world (Gilligan, 2011). Furthermore, unlike men, women's psychological development and growth is dependent on connections to others rather than exercising their independence. Miller (1979) conceived that connections to others and forging relationships was a primary need and without this, healthy development was not attained and lead to discourse in one's life. From the results of this study, it is apparent that the participants of the archival dataset valued their connections to their children and significant others due to their proclivity to successfully completing community supervision.

The love and belongingness need on the third level of Maslow's hierarchy of needs (Maslow, 1970), suggests that relational connections are the primary human psychological need following the basic needs of human. It is during the fulfillment of the love and belongingness

need that fostering relationships with others is fundamental to healthy development (Jones, 2004). For female offenders, this needs category is often difficult to fulfill because of separation due to recidivism and incarceration. The results of this study confirm that female offenders not connected to their children or spouses predict unsuccessful supervision completion.

Relational theory and Maslow's hierarchy of needs theory, coupled with the results of this study, support the notion that female-oriented approaches are necessary for the criminal justice system. The importance of gaining and maintaining relationships to female offenders was illustrated in this study. The relational theme presented itself in this study in regard to relationships with children and spouses that further supports the need for female-oriented intervention in the criminal justice system.

### **Limitations of the Study**

A significant limitation of this study is the generalizability of the results to other jurisdictions and geographic regions providing probation, supervised release, and parole supervisions. Although current research supports the concept that female offenders are faced with similar issues, because CSOSA is the only federally funded probation, supervised release, and parole agency serving a local community, these female offenders may have benefited from enhanced resources. CSOSA has at its disposal available Global Positioning Systems (GPS) tracking, in-house drug testing collection and forensic units, in-house mental health service providers, speedy service delivery, and other benefits, unlike many other local-level jurisdictions.

This study's inability to include all the variables that may presumably affect the unsuccessful completion of community supervision of female offenders also presented as a study limitation. Due to an infinite amount of factors and combination of factors that can affect

community supervision outcomes, it was not possible to include all variables that may predict unsuccessful community supervision completion. However, it can be assumed that there are other factors not included in this study that affect supervision failures.

### **Recommendations**

It is surprising that the results of this study did not fully support that behavioral health issues were statistically significant when predicting unsuccessful completion of community supervision. However, the results of this study demonstrated that as substance use, prior substance use disorder treatment, and prior mental health treatment increased, so did the probability of unsuccessful completion of community supervision.

CSOSA has made strides in addressing the needs of female offenders that have the potential to increase successful completion of community supervision. For example, in 1999 CSOSA instituted a gender-specific support group called Women In Control Again (WICA). This psycho-education therapeutic program was designed to assist female offenders reporting for community supervision with long-standing and unaddressed behavioral health issues. In Fiscal Year 2011, at the close of this study's data collection period, CSOSA also implemented gender-specific supervision units in order to address the unique needs of their female offenders (CSOSA, 2010). These units comprised female-only supervision teams with Community Supervision Officers (CSOs) trained to address the unique needs of female offenders. Therefore, for future research I recommend an examination of community supervision outcomes of female offenders with behavioral health issues receiving gender-specific supervision as compared to the supervision outcomes of female offenders in a general community supervision program.

Due to limited data availability, this study was unable to address proposed research questions regarding current mental health issues, and delays in identification of mental health

and substance use disorder treatments. Having this information would give a clearer picture on how the identification and timely treatment linkage of female offenders to timely behavioral health services affected the outcomes of community supervision. Therefore, I recommend examining how the delays in timely treatment placements, or lack thereof, affect community supervision outcomes in future studies.

CSOSA receives federal funding, unlike many other probation, supervised release, and parole agencies. Federal funding may enable CSOSA to provide enhanced resources to the individuals that they supervise. It is therefore recommended that other probation, supervised release, and probation agencies that do not have the benefit of enhanced resources through federal funding be examined in future studies. Additionally, it is recommended that various geographical areas such as suburban, rural, and city areas are examined in future studies.

Finally, the investigation period of this study was a limitation of this study. In 2010, CSOSA evaluated the recidivism patterns of their offender from 2006 through 2009 and found a significant increase with each year over the three-year period. Therefore, I would recommend that the outcomes of community supervision be examined over a longer evaluation period in order to assess the effect in future studies.

### **Implications**

Taking into account the results of this study and what it says in regard to marital status and primary caregiver of dependent children status, it is clear that female offenders require therapeutic approaches that are able to address their unique challenges. The results of this study identified primary needs of female offenders completing a period of probation, supervised release, and/or parole as services that assist in keeping relationships with family intact.

The relational theory states that gaining and maintaining relationships are an important part of healthy human growth and development for women (Covington, 2007). Additionally, Maslow's hierarchy of needs also acknowledges love and belongingness as the primary psychological need in its hierarchy. The results of this study also supports the findings of Skrobecki (2014) who stated that female offenders often have the inherent need of feeling and providing love, support, and security to others and at the same time suffer from low self-esteem, hopelessness, and low self-worth.

The Bureau of Justice Statistics (2011), reported that in 2009 female offenders were more likely than male offenders to be released on probation or parole supervision accounting for 85% compared to 66%, respectively. Additionally, female offenders were more likely to commit less violent and more economically motivated crimes than those of male offenders. According to Voorhis, Salisbury, Wright, and Bauman (2007), substance use disorder and mental health issues were significant factors of unsuccessful community supervision completion among all offenders. However, educational and employment factors were of greater significance among female probationers.

Skrobecki (2014) reports that female offenders are often arrested for crimes such as forgery, theft, and drug use in which the monetary gain from forgery and theft were intended for the use of supporting the female offender's dependent children and family, in the absence of employment and/or education leading to employment. Social concern is in order as a limited amount of attention and resources are allocated to offenders with non-violent offenses leaving them more vulnerable to repeated involvement in crime. Criminal justice agencies can provide support to female offenders by reinforcing positive change and healthy relationships, redirecting negative behaviors and influences, as well as providing links to benefits that would assist them

with childcare, education, employment, housing, behavioral health treatment, and other services. Receiving community support while on probation, supervised release or parole would not only assist female offenders and their families, but the community in encouraging an environment and culture of good citizenship.

### **Summary**

Developing a greater understanding of factors that lead to female probation, supervised release, and/or parole completion failures is important to the development and implementation of treatment modalities that meet their treatment needs. This study examined how age, race, marital status, education, substance use disorder, childhood trauma, and prior treatments for substance use disorder and mental health issues affected the outcomes of community supervision. The results of this study revealed that female offenders were more likely to incur an unsuccessful community supervision completion if they were not responsible for providing primary care to dependent children and if they were single.

The relational theory and Maslow's hierarchy of needs theory were used to ground this study. The key findings of this study support both theories as they acknowledge the importance of forging prosocial relationships as a means healthy psychological growth and development. Miller (1976) argued that the primary motivation of women is through their connections with others. Maslow (1970) proposed that love and belongingness are the first psychological needs in the hierarchy in which one strives to find their sense of self and self-worth through their relationships with others. The relationship theme revealed prominent significance in this study in regard to providing care to dependent children and marital status.

Further research is recommended to build upon the findings of this study in order to advance the knowledge of gender-specific interventions, aiming to address the needs of female

offenders placed on community supervision. Female offenders can benefit from the reinforcement of prosocial relationships in a therapeutic environment and assistance with services that will deem them economically self-sufficient (Covington, 2007). Additional funding are needed from criminal justice agencies in order to support programming that is targeted toward female offenders in acquiring skills and the means to becoming self-sufficient.

In summation, female offenders represent the most rapidly growing population in the U.S. criminal justice system (BJS, 2007). The results of this study support previous research conducted on female offenders. Implications for positive social change, as well as relational and Maslow's hierarchy of needs theories suggests that community supervision agencies may need to develop and implement gender-specific interventions in order to address and effectively meet the needs of female offenders.



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## Appendix A: Preliminary Analysis

Table A1

*Primary Caregiver to Dependent Children Crosstab*

Predictor			Primary Caregiver		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	98	32	130
		Expected Count	99.9	30.1	130.0
	No	Count	1015	304	1319
		Expected Count	1013.1	305.9	1319.0
Total	Count	1113	336	1449	
	Expected Count	1113.0	336.0	1449.0	

\* Significance level  $p = .686$ 

Table A2

*Years of Education T-Test*

Variable	Unsuccessful Supervision	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Years of Education	Yes	106	11.74	2.400	.23
	No	1,085	11.50	2.435	.07

\* Significance level  $p = .906$ 

Table A3

*Positive Drug Test Crosstab*

Predictor			SUD		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	50	80	130
		Expected Count	43.2	86.6	130.0
	No	Count	432	887	1319
		Expected Count	438.8	880.2	1319.0
Total	Count	482	967	1449	
	Expected Count	482.0	967.0	1449.0	

\* Significance level  $p = .187$

Table A4

*Mental Health Treatment History Crosstab*

Predictor			Mental Health History		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	88	42	130
		Expected Count	86.4	43.6	130.0
	No	Count	875	444	1319
		Expected Count	876.6	442.4	1319.0
Total	Count	963	486	1449	
	Expected Count	963.0	486.0	1449.0	

\* Significance level  $p = .755$ 

Table A5

*Substance Use Disorder Treatment History Crosstab*

Predictor			SUD History		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	81	49	130
		Expected Count	77.3	52.7	130.0
	No	Count	781	538	1319
		Expected Count	784.7	534.3	1319.0
Total	Count	862	587	1449	
	Expected Count	862.0	587.0	1449.0	

\* Significance level  $p = .493$ 

Table A6

*Childhood Trauma Crosstab*

Predictor			Childhood Trauma		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	75	55	130
		Expected Count	76.6	53.4	130.0
	No	Count	779	540	1319
		Expected Count	777.4	541.6	1319.0
Total	Count	854	595	1449	
	Expected Count	854.0	595.0	1449.0	

\* Significance level  $p = .762$

Table A7

*Race Crosstab*

Predictor		Black		Total	
		No	Yes		
Unsuccessful Supervision	Yes	Count	130	0	130
		Expected Count	26.6	103.4	130.0
	No	Count	167	1152	1319
		Expected Count	270.4	1048.6	1319.0
Total	Count	297	1152	1449	
	Expected Count	297.0	1152.0	1449.0	

\* Significance level  $p = .000$ 

\*\*While not conceptually relevant

Table A8

*Marital Status Crosstab*

Predictor			Single		Total
			No	Yes	
Unsuccessful Supervision	Yes	Count	130	0	130
		Expected Count	40.6	89.4	130.0
	No	Count	322	997	1319
		Expected Count	411.4	907.6	1319.0
Total	Count	452	997	1449	
	Expected Count	452.0	997.0	1449.0	

\* Significance level  $p = .000$ 

\*\*While not conceptually relevant